

In Year School Application

Please complete a separate form for every child that requires a place

Part 1 to be completed by applicant

Part 2 to be completed by child's current school if the school is in the UK (the whole application must be kept together when passed on to the school).

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

REASON FOR YOUR APPLICATIONS:

1. Moving into Cambridgeshire
2. Living in Cambridgeshire moving to another address
3. Not moving address but wishing to change schools in Cambridgeshire

PART 1

Date you would like the school place from:

Section 1 – Your Child's details

Family Name:
Child's First Name (s):
Middle name (s):

Date of Birth: DD/MM/YYYY Year Group: Male Female

Address where child usually lives

Postcode

If your child lives part time at another address, please provide details here :
Address:

Postcode

How is your child's time divided between the two addresses?

Please note you must provide evidence of the address your child will be attending school from, by way of a copy of a signed tenancy agreement, a copy of exchange of contract with completion date or a copy of a utility bill. Your application cannot be processed without this. You do not need to submit proof of address if you child attends a mainstream Cambridgeshire school and you are not moving.

PLEASE DO NOT SEND ORIGINALS.

Details of Your Child's Current School

Name of School

Address

Head Teacher

Form Teacher

Year Group

Telephone Number

Is your child currently attending this school? If NO , - What was the last date your child attended this school? Please explain how your child is currently being educated	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child been the subject of a permanent exclusion	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any of the following: • A Statement of Special Educational Needs • Support in school as part of an Individual Education Plan (IEP) or a Pastoral Support Programme (PSP) • A particular medical requirement which results in the need for specialist facilities or support	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive support from the Parent Partnership Service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child previously attended a Special School?	Yes
Is this child Looked After i.e. in public care/fostered by you, Previously Looked After , now adopted, subject to a Residence order or Special Guardianship Order? If Yes , this application should either be completed by the child's social worker or you must provide relevant documentation evidencing this. Are you privately fostering this child? Private fostering is when a child under the age of 16 (or 18 if the child has a disability) lives with someone who is not a close relative (ie. not their grandparents, aunt, uncle, brother, sister, cousin or step-parents) for 28 days or more unless that person has parental responsibility for them or is a local authority or agency foster care. A private fostering arrangement, whether it is already in place or will be in the future, must by law be reported to the County Council. To notify the County Council of a private fostering arrangement please call 01223 518730.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 2. – Your Details		
Title: Mr/Mrs/Miss/Ms/Dr	Initials:	Surname:
Relationship to child:		
Address (if different from child's address in section 1)		
Contact Tel. No:	Mobile Number:	
If you wish to receive your school offer by email please provide your address below		
Email address:		
Other Adults with Parental Responsibility for the child		
Title: Mr/Mrs/Miss/Ms/Dr	Initials:	Surname:
Relationship to child:		
Address(if different from child's address in section 1)		

Section 3. – Brothers or Sisters

If you have any other children living at the same address as the child in Section 1, please complete this section.

Name	Date of Birth	School
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Section 4. – House Moves

If you are moving into or within Cambridgeshire, please state the address to which you will be moving to and the anticipated moving date

Address:

Anticipated moving date:

Please note: We cannot allocate a school place based on a new address until contracts have been exchanged and a completion date is known or a lease agreement has been signed on a rented property. Evidence of this must be provided when you submit this form. Your application will not be processed without this.

Section 5. APPLICATIONS FROM OUTSIDE THE UK / OR FOR CHILDREN WHO ARE ACCESSING EDUCATION IN THE UK FOR THE FIRST TIME

Nationality

Reason for being in the UK

Date of arrival in the UK

Length of stay in the UK

Please note: Proof of the date of birth is required to determine the correct year group for the child to be placed in. This can be in the form of a photocopy of the child's passport or birth certificate. Your application will not be processed without this.

We recommend you visit the following websites to confirm you are aware of the Home Office regulations and laws on state education. <https://www.gov.uk/study-visit-visa> and <https://www.gov.uk/standard-visitor-visa>

Section 6. – Your preferences for a School

If you want to apply for a place in a particular school, but you know the school is full, make sure you name it on this form anyway. This will ensure your details are added to any reserve list and you are informed of your right of appeal.

We strongly advise you to name your catchment area school as one of your preferences. If you choose a school other than the catchment area school or nearest school to your home address you will be responsible for the arrangements and cost of transport.

I wish my child to attend one of the following schools, in order of preference:

1st Preference

2nd Preference

3rd Preference

Please explain briefly the reasons for your preferences of school:

Section 7. – I have not moved but would like my child to attend a different school

You must fill in this section if you have not moved, but would like your child to attend a different school.

Why do you want your child to move school? Please give as much further information as you can to support your request, using a separate sheet if necessary.

Have you discussed the reasons for wanting to move your child to a different school with their current school? YES / NO

Who have you talked to at your child's present school?

Head	<input type="checkbox"/>	Year Head	<input type="checkbox"/>	None	<input type="checkbox"/>
Deputy	<input type="checkbox"/>	Tutor/Class Teacher	<input type="checkbox"/>		

PART 2 This section should be completed by the Headteacher of your child's current school

Pupil Name

School

Does this child have a CAF?

Yes / No

Attendance

Attendance (%)		Period Covered	
Punctuality	Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>	EWO Involvement	Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Needs

School Action	Yes <input type="checkbox"/> No <input type="checkbox"/>	IEP	Yes <input type="checkbox"/> No <input type="checkbox"/>
School Action +	Yes <input type="checkbox"/> No <input type="checkbox"/>	Statement	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Agencies involved (please tick)

Educational Psychologist		Social Worker	
In School Support/Specialist Teacher		ESLAC	
Education Other than at School		Locality Team	

Other Strategies

PSP	
Fixed Term Exclusions	
Other	

Discussion with the School

Has the transfer requested been discussed with the school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the school support the parent's request for transfer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would a transfer be detrimental to the child in any way?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please add any other comment you think we may find helpful overleaf.

To help this child's future school easily discuss the above with you please give below your full contact details. Thank you for your help in completing this form

Name		Tel No (inc extension)	
Email			
Headteacher's signature		Date	

SCHOOL STAMP:

Please add any other comments you think we may find helpful:

Section 8 – Declaration

I understand that:

- Should my child be allocated a place at my preferred school, I will be responsible for transport to and from the school, unless the school is the catchment or designated school for my child’s home address and is beyond the statutory walking distance.

- I declare that the information contained in this form is both accurate and up-to-date.

- The information on this form will be held and used by Cambridgeshire County Council in accordance with the provisions of the Data Protection Act 1998 for the purposes of administration of school admissions. Cambridgeshire County Council will never sell or transfer your details to a third party for marketing purposes. I have a right to know what information is held about me. If I wish to access this information I should put this request in writing.

- If I am applying for a school in another Local Authority Area this form will be sent to that Local Authority Admissions Team for processing.

- If I am applying for a school(s) that is/are their own admission authority, i.e. an Academy, Foundation or Voluntary-Aided School, this form may be sent to them.

- I can confirm that I have provided my child’s current school with a copy of this application, to enable them to complete and return **Part 2** (this is not required if you are moving into Cambridgeshire from overseas).

- All adults with parental responsibility for the child are in agreement with this application, and understand that if a dispute is later raised, this application maybe cancelled.

- I hereby give permission for the information on this form to be shared with the Parent Partnership Service, and other relevant officers, where appropriate.

I confirm that I have:

Signed the form	
Enclosed copy of proof of address	
Enclosed a copy of passport or birth certificate if required	
Named my child’s current school & Part 2 is completed by the current school	
Named my preferred school(s)	
I am applying under religious criteria and have completed a Supplementary Information Form and returned it to the school	

Signed	Date
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Signed	Date
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Admission Team Office Hours

Monday to Thursday	9.00am – 5.00pm
Friday	9.00am – 4.30pm

Contact Details:

Admissions Team – Tel: 0345 0451370
Email: admissions@cambridgeshire.gov.uk

Admissions Team
Box No OCT1221
Shire Hall
The Octagon
Cambridge
CB3 0AP

If you would like this information in Braille, large print or other languages, please contact 0345 0451370 or admissions@cambridgeshire.gov.uk