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| **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 |  |
| 1. Living in Cambridgeshire moving to another address |  |
| 1. Not moving address but wishing to change schools in Cambridgeshire |  |
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| **PART 1** | **Date you would like the school place from:** |  |

**Section 1 – Your child’s details**

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| Family Name:  Child’s First Name(s):  Middle Name(s): |
| Date of Birth: Year Group: Male Female  DD/MM/YYYY |
| Address where child usually lives:  Postcode |
| If your child lives part time at another address, please provide details here:  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 utility bill. Your application cannot be processed without this. You do not need to submit proof of address if your child attends another DLPT Trust school and you are not moving.**  **PLEASE DO NOT SEND ORIGINALS** |

**Details of your child’s current school**

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| Name of school |
| Address |
| Head Teacher Form Teacher |
| Year Group Telephone Number |

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| Is your child currently attending this school? Yes No  If **NO** – what was the last date your child attended this school?  Please explain how your child is currently being educated: |
| Has your child been the subject of a permanent exclusion Yes No |
| Does your child have any of the following:   * An Education, Health and Care Plan (EHCP) Yes No * Support in school as part of any Individual Education Plan (IEP)   or pastoral Support Programme (PSP) Yes No   * A particular medical requirement which results in the need for   specialist facilities or support Yes No  Do you receive support from the Parent Partnership Service? Yes No |
| Has your child previously attended a Special School? Yes No |
| 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? Yes No  **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 (i.e. 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. |

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| **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 No:  **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): |
| Contact Tel. No: Mobile No: |

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| **Section 3 – Brothers and 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** |
| **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:  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.**

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| **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 full 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**](https://www.gov.uk/study-visit-visa) **and** [**https://www.gov.uk/standard-visitor-visa**](https://www.gov.uk/standard-visitor-visa)

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| **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 appeal. Preferences for schools other than a school within The Diamond Learning Partnership Trust will be sent to the Local Authority Admissions Team for processing. |
| 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 tick box if an alternative offer is required if above preferences cannot be met** |
| Please explain briefly the reasons for your preferences of school: |

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| **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 Deputy None**  **Head of Year Tutor / Class Teacher** | | | | | | | | | | |
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| **PART 2 This section should be completed by the Headteacher of your child’s current school.** | | | | | | | | | | |
| **Pupil Name Date of Birth**  **School** | | | | | | | | | | |
| **Does this child have an EHA? Yes / No** | | | | | | | | | | |
| **Attendance** | | | | | | | | | | |
| Attendance (%) |  | | | | Period Covered | | |  | | |
| Punctuality | Good / Average / Poor | | | | EWO Involvement | | | Yes No | | |
| **Special Needs** | | | | | | | | | | |
| SEN Support | | Yes No | | | IEP | | Yes No | | | |
| If yes, details | |  | | | EHCP | | Yes No | | | |
| **Other Agencies involved (please tick)** | | | | | | | | | |
| Educational Psychologist | | | |  | | Social Worker | | |  |
| In School support / specialist Teacher | | | |  | | ESLAC | | |  |
| Education other than at school | | | |  | | Locality Team | | |  |
| Parent Partnership Service | | | |  | | Other (please specify) | | |  |
| **Other Strategies** | | | | | | | | | | |
| PSP | | |  | | | | | | | |
| Fixed term exclusions | | |  | | | | | | | |
| Other | | |  | | | | | | | |
| **Discussion with the School** | | | | | | | **Please specify** | | | |
| Has the transfer requested been discussed with the school? | | | | | | | Yes No | | | |
| Does the school support the parent’s request for transfer? | | | | | | | Yes No | | | |
| Would a transfer be detrimental to the child in any way? | | | | | | | Yes No | | | |

**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: | Position held: |
| Email: | Tel. No. (including extension): |
| Principal’s signature: Date: | |

SCHOOL STAMP:

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| 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 The Diamond Learning Partnership Trust Admissions in accordance with the Data Protection Regulations for the purposes of administration of school admissions. We collect your details to process your application for school admissions and may contact you about related school admission and transport issues.   *Further information about how we collect and use data and your rights around this, can be found on our GDPR Policies and Procedures page on our website:* www.diamondlearningtrust.com | |
| * If I am applying for a school in another Local Authority Area this form will be sent to that Local Authority Admission 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 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 if a dispute is later raised, this application may be 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:**

|  |  |  |
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| 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 and Part 2 is completed by the current school |  |  |
| Named my preferred school(s) |  |  |

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| Signed: Dated: |
| Signed: Dated: |

**Administration / Processing of Applications**

We aim to operate a **ten-school day** turnaround from the date your application is received. You can email your application to the address below with the proof of address and ID for your child. Please Put your 1st choice school in the subject line along with your child’s surname and Year group.

For example. **Winhills** **School-Smith- Yr. 1**

**Admission Team Contact details:**

Please email all applications and enquiries to [admissions@diamondlearningtrust.com](mailto:admissions@diamondlearningtrust.com)

**Postal Applications should be sent to:**

Admissions

Murrow Primary Academy

73 Murrow Bank

Wisbech

Cambridgeshire

PE13 4HU