

CHANGE OF SCHOOL APPLICATION FORM


If the information required on this form is not provided in full, including valid proof of address, it will delay the application process.



Section A – Child details

Child's Surname				Gender	
Child's Forename				Date of Birth	
Child's Full Address (Valid proof of address must be included)					
	Proof of address included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Postcode		
Contact details for Parent/Carer	Title	Forename	Surname		
Telephone Numbers	Daytime	Evening	Mobile		
Email Address					
Relationship to child		Does this person have parental responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Address (if moving house)					
Expected date of move		Proof of new address included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Postcode	
Why do you want to transfer your child to another school?					
House move (within Warwickshire)	House move (moving into Warwickshire)	Moving into Warwickshire from abroad	Military family	Issues at current school (Please detail below)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (please provide details)					
Any issues should always be discussed with the current school					

Additional Information			
Previous / Current School		Start Date	
School's Full Address			
Telephone Number			
Contact at previous / current school. (e.g. Head of Year)			
Date of leaving previous school			
Is your child currently out of education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: Number of weeks out of education?	
Is your child currently, or have they previously been, Looked After by a Local Authority?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes please provide:	Local Authority Name		
	Care Worker Name		
	Care Worker Phone Number		
Does your child have a Statement of Special Educational Needs or Education, Health and Care Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you and your child citizens of the UK or European Union? (If No, copies of passports and visas must be provided)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child speak English as an additional language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is your child's first language?	
Applications to Catholic or Church of England schools			
Catholic School			
(If your child is Catholic, please attach a copy of their baptism certificate)			
Child's Religion		Date of Baptism	
Copy of your child's baptism certificate attached?			
Church of England School			
Child's Religion		Parish/ Church to which you and the family are attached	
Supporting evidence attached?			
You may still apply for church schools without providing evidence of faith. Please contact the school directly to confirm if proof of faith is required.			

Section B – Current school details			
<p>To be completed by the student's current <u>or</u> most recent school.</p> <p>It is the parent/carer's responsibility to ensure this section is completed by your child's current school.</p> <p>Applications without Section B will be delayed.</p>			
			
Pupil's Name		Date of Birth	
UPN Number			
School Name			
Name of person completing form			
Position held			
SEN / EHCP Information			
EHCP	Statement	School Support	Under Referral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the nature of the pupil's additional needs?			
Does the student have an IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exclusions			
Number of Fixed Term?		Please give reason(s)	
Total number of days?			
Incident Log attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PSP attached? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the pupil been involved in the CAF process?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, for what reasons and what is the current status?			
Looked After Children			
Is the child Looked After?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Agencies Involved		Name of Contact & Contact Details	
ACE	<input type="checkbox"/>		
Children's Services	<input type="checkbox"/>		
Educational Psychologist	<input type="checkbox"/>		
Youth Justice Service	<input type="checkbox"/>		
CAMHS	<input type="checkbox"/>		
EIS	<input type="checkbox"/>		
Others (please name)	<input type="checkbox"/>		
Any other relevant assessment information (please give details)			

Please provide any additional information which may be relevant to the application

--

KS4 Options

For Year 9 (when applicable), Year 10 and Year 11 pupils please list current options

Subject	Course Details	Exam Board

Declaration

For completion by the Head of Year/ Head teacher

I confirm that the parents/carers have discussed with me the reasons for a transfer to an alternative school.

Signed		Date	
Please print name			


Please return this form to the parent

If this is not possible it can be returned to
Warwickshire School Admissions Service

Email: admissions@warwickshire.gov.uk

Address: Saltisford Office Park,
Ansell Way,
Warwick,
CV34 4UL

For office use only	Date received:	
---------------------	----------------	--

Section C - School Preferences					
Year Group Required		Date School Place Required			
Child's Forename			Child's Surname		
List, in order of preference, the school's you would like your child to attend					
Order	School Name	If there is a brother/sister who attends this school, please list their name	Date of birth of brother/sister	Staff Member	
1					
2					
3					
4					
5					
6					
<p align="center">Disclaimer</p> <p>I, the parent/carers, confirm that:</p> <ul style="list-style-type: none"> I have read and understood the Change of School Application Process leaflet I understand that a place may be lawfully withdrawn if it is proved to have been offered on the basis of a fraudulent or misleading application I give my consent for the School Admissions Service to contact relevant agencies in order to validate this application I understand I have a duty to ensure that I notify/ consult all other persons with parental responsibility for this child regarding this application and any subsequent changes to this application. (Please note: Failure to do so will invalidate this application) I have provided valid proof of address 					
Signed				Date	

For office use only	Date received:	
---------------------	----------------	--