

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.



Year Group Required					
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?			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?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
New Address (if moving house)					
Expected date of move		Proof of New Address included?		Postcode	

Date School Place Required			
SCHOOL PREFERENCES		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
1			
2			
3			
4			
5			
6			

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			
Has your child been out of education for more than 2 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

<p>Is your child 'Looked After' by a Local Authority? (Children in care of, or provided with accommodation by, a Local Authority and children who were looked after but ceased to be so because they were adopted under section 46 of the Adoption and Children Act 2002.)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF YES please provide:	Local Authority Name	
	Care Worker Name	
	Care Worker Phone Number	
Does your child have a Statement of Special Educational Needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you and your child CITIZENS OF THE UK OR EUROPEAN UNION? IF NO: Copies of passports and visas must be provided.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child speak fluent English?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF NO: What is your child's first language?		

WHY DO YOU WANT TO TRANSFER YOUR CHILD TO ANOTHER SCHOOL?

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	
Please indicate if you have attached a copy of your child's baptism certificate		Yes <input type="checkbox"/>	No <input type="checkbox"/> Other Evidence Attached <input type="checkbox"/>

CHURCH OF ENGLAND SCHOOL

Child's Religion		Parish/Church to which you and the family are attached	
Please indicate if you have attached any supporting evidence for this		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note: You may still apply for church schools without providing evidence of faith.

Disclaimer

I, the parent/carer, confirm that:

- 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 who do not live at the address given regarding this application and any subsequent changes to this application
- I have provided valid proof of address

Signed		Date	
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Please return this application and supporting documents to:

School Admissions Service
Warwickshire County Council
Saltisford Office Park
Ansell Way
Warwick
CV34 4UL

Telephone	01926 742037
Fax	01926 742084
Email	admissions@warwickshire.gov.uk

**SECTION B: To be completed by the student's current or most recent school
(It is the parent/carer's responsibility to ensure this section is completed by your
child's current school. Applications without Section B will be delayed.)**

Pupil's Name		Date of Birth	
UPN Number			
School Name			
Name of person completing form			
Position held			

SEN Information	School Action	School Action Plus	Referral	Statemented
	<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	Yes <input type="checkbox"/> No <input type="checkbox"/>			

EXCLUSIONS

Number of Fixed Term		Please give reason(s)	
Total number of days			
Attach Incident Log and tick box	<input type="checkbox"/>	Attach PSP if applicable	<input type="checkbox"/>
Has the student been involved in the CAF process?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, for what reasons and what stage is it at present?			

Is the child 'Looked After'?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Agencies Involved		Name of Contact & Contact Details
Educational Social Welfare	<input type="checkbox"/>	
Social Services	<input type="checkbox"/>	
Educational Psychologist	<input type="checkbox"/>	
YOT	<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	
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For Yr 9 (when applicable) Yr10 and Yr11 pupils, please list current options

Subject	Course Details	Exam Board

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

Declaration

For completion by the Head of Year/Headteacher when the change is not due to a house move

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

Signed		Date	
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Please print name	
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PLEASE RETURN THIS FORM TO THE PARENT

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

Fax: 01926 742084

Email: admissions@warwickshire.gov.uk

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