

IN-YEAR TRANSFER APPLICATION



ROCHDALE
BOROUGH COUNCIL

Section 1 – Pupil Details

Surname		Forename(s)		
Date of Birth		Male/Female	Year Group	
Address	----- -----			
How long has the child lived at this address?				
If you intend to move house in the near future, please provide details:				
New Address:				
Anticipated Moving Date:				



If the application is based on a house move, the application will only be considered from the new address if you include evidence of your new address such as a utility bill, exchange of contracts document or tenancy agreement with your application.

Is the child new to the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the child speak English?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Some <input type="checkbox"/>		
Is the child from a Gypsy, Roma, Traveller or Asylum Seeker group?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If Yes , please state:	Gypsy <input type="checkbox"/>	Roma <input type="checkbox"/>	Traveller <input type="checkbox"/>	Asylum Seeker <input type="checkbox"/>



If the child is new to the UK, a member of the Local Authority's Equalities Team will visit you to go through appropriate verification and checks before your application will be processed.

Does the child have an Education, Health and Care Plan (formerly a Statement of Special Educational Needs)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child registered as cared for by a Local Authority (e.g. in foster care), or are they adopted or subject to a child arrangements order or special guardianship order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please state which Care Authority:		
Is the child a member of a Service or Crown Servant family who are returning or moving to the address above to take up duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child eligible for the Service Premium (see below)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Children eligible for the Service Premium include:

- Children with a parent serving in the regular armed forces;
- Children with a parent who served in the regular armed forces in the last 3 years;
- Children with a parent who died while serving in the armed forces and the child is in receipt of a pension under the Armed Forces Compensation Scheme (AFCS) and the War Pension Scheme (WPS)

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Section 2 - Parent/Carer Details

Surname		Forename(s)	
Title	Mr / Mrs / Miss / Ms / Other:		
Relationship to child			
Do you have parental responsibility for this child?			Yes <input type="checkbox"/> No <input type="checkbox"/>



This form must only be completed by somebody who has parental responsibility for the child. Before completing this form, the application should be discussed with all those who have parental responsibility.

Is the child subject to a private fostering arrangement?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Home telephone number		Mobile telephone number	
Email address			
Home language			
Do you speak English?			Yes <input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/>

Section 3 – Preference School



Where parents or carers have shared responsibility for the child, they must discuss and agree on the transfer request. If there is a dispute between parents or carers; children are expected to remain at their current school until there is agreement in writing as to which school the child should attend or an order is made by the court.

Important: before you submit your application, you must ensure that you submit your form to the correct place:

- If you are applying for a place at a Rochdale secondary school or academy, your application should be submitted to the local authority who will co-ordinate your application with the school on your behalf.***
- If you are applying for a place at a Rochdale primary school or academy, your application must be submitted to the admission authority for the school who will process your application and advise you of its outcome directly.***

If your form is not submitted to the correct place, your application may be delayed.

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Section 3 – Preference School (continued)

Please state the name of the school at which you would like the child to attend below. Remember to check the admission policy for the school and whether or not a supplementary form is required to be submitted to support your application.

Preferred school name

Section 4 – Reasons for your preference

In order to support your application, please tick the appropriate reasons below.

Does the child have a sibling attending the preferred school or are you applying for a sibling to attend the preferred school?

Yes No

If Yes, please provide the details of the sibling:

Sibling Name	Sibling Date of Birth	Sibling Year Group	Sibling School

Are you applying for this school for religious reasons?

Yes No

If Yes, please select the relevant denomination below:

Anglican	<input type="checkbox"/>	Greek Orthodox	<input type="checkbox"/>	Mormon	<input type="checkbox"/>
Baptist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Salvation Army	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Church of England	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Unitarian	<input type="checkbox"/>
Congregationalist	<input type="checkbox"/>	Methodist	<input type="checkbox"/>	United Reform Church	<input type="checkbox"/>

Are you applying for this school for medical or psychological reasons?

Yes No

Are you applying for this school for social reasons?

Yes No

Are you applying for this school because of the distance from the child's home address?

Yes No

Are you applying for this school because it is easy to make travel arrangements for the child?

Yes No

Are you applying for this school because the child has an aptitude for the school's specialism?

Yes No



Section 4 – Reasons for your preference (continued)

Please state any other reasons for the preference to support the application for a transfer of schools below. You may continue on a separate sheet if necessary.

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Section 5 – Child's school history

Current or most recent school name			
Local Authority			
Is the child still attending this school?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Date last attended			

 **Wherever possible, the child must continue to attend at their present school until the transfer process has been completed.**

PREVIOUS SCHOOLS – please provide details of any other schools attended

School Name	
Local Authority	
Date Last Attended (approx.)	
Reason for Leaving	

 **Please detail any other previous schools on a separate sheet and attach to this application.**



Section 6 – Other agency involvement

Are there any other Agencies or Services (e.g. Education Welfare Service, Social Services, #Thrive, Education Psychology, Sunrise) involved with the child? If so, please provide details below. If there are no other agencies involved, you can leave this section blank.

Agency Name	Contact Person	Contact Telephone Number

Section 7 – Parent or Carer declaration

I declare that all the information which I have provided on this application is true. I understand that any school place offered on the basis of intentionally misleading or fraudulent information may be withdrawn.

I wish to apply for an In-Year transfer in respect of the child detailed on this application form.

SIGNED:		DATE	
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If you have provided any additional information with this application, please state the number of additional sheets submitted:

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Data Protection Act

The Council maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may be shared with schools and other Local Authorities.

Verification of Information – the Council may verify the information you have provided on this form which could involve contacting other departments of the Council who maintain appropriate records. In instances where the information provided is different from that held by them, they may use the information on this form.

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Section 8 – Current School/Academy Information



Once you have completed Sections 1-8 of the application, you should take this form to the child's current school/academy and request them to complete Sections 8 and 9 in full before submitting your application.

You may leave this section blank if the child is new to the UK.

Name of School/Academy	
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ATTENDANCE – please provide attendance history for the previous two consecutive full terms. If the child has not attended for two full terms, please provide the full attendance record.

TERM	DATES	ATTENDANCE (%)	AUTHORISED ABSENCE (%)	UNAUTHORISED ABSENCE (%)

Is the child still attending your school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If No , please state date the child last attended:	
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Does the child have an Education, Health and Care Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Is the child Looked After or formerly Looked After by a Local Authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Does the child have a Common Assessment Framework (CAF) in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Has the transfer request been discussed with the Parent/Carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes , who has discussed the request with the Parent/Carer?
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HEAD TEACHER		DEPUTY OR ASSISTANT HEAD		HEAD OF YEAR		CLASS TEACHER		OTHER	
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What, if any, attempts have been made to try to resolve any issues detailed on the transfer request?
<p>.....</p> <p>.....</p>

Do you support the request to transfer schools?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Section 8 – Current School/Academy Information (continued)

Does the child have a history of behavioural difficulties?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , please provide extra information, including details of any exclusions and disciplinary procedures? Continue on a separate sheet if necessary.			
<p>.....</p> <p>.....</p>			
Has the child received any exclusions in the previous 12 months?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , please state:			
Number of Internal Exclusions	<input type="text"/>	Number of External Exclusions	<input type="text"/>
Does the child have a current pastoral support plan in place?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child subject to a child protection plan?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 9 – Fair Access Protocol

This section is required to help ascertain whether or not the Fair Access Protocol will apply to this application.

Has the child ever been permanently excluded from a school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child currently on (or has recently completed) a Youth Offending Order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the child returned from custody or secure accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child on the CP register or classed as a child in need?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child a carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have special educational needs but is not subject to a Statement or EHCP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have a disability or medical condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child from a gypsy, Roma, traveller or asylum seeker group?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child a child of UK Service Personnel or other Crown Servant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Details of person completing Section 8 and 9

Name:	
Position:	
Contact Number:	
Email Address:	
School/Academy Stamp:	
Date Completed:	

SUBMITTING YOUR APPLICATION

Applications for Rochdale Secondary Schools:

The Local Authority co-ordinates **all** applications for Rochdale Borough Secondary schools. As such, your application must be submitted to the Local Authority at the following address:

School Admissions Team
Floor 4, Number One Riverside
Smith Street
Rochdale
OL16 1XU

Applications for Rochdale Primary Schools:

Applications for places at Rochdale Borough Primary Schools are submitted to the Admission Authority for the school directly. This is the Local Authority at the above address for Community and Voluntary Controlled schools and the school directly for Voluntary Aided schools, Foundation schools and Academies.

Applications for schools in other areas:

You are advised to check with the school directly to establish where your form should be submitted as the process can vary depending on the admission authority.