



CHURCHMEAD CHURCH OF ENGLAND (VA) SCHOOL

Priory Way, Datchet, Berkshire, SL3 9JQ

Email: Office@churchmead.org Telephone: 01753 211330 Website: www.churchmead.org

Headteacher: Mr C Tomes BA (HONS), MA

IN - YEAR TRANSFER APPLICATION FORM

STUDENT CONTACT DETAILS (AS STATED ON BIRTH CERTIFICATE)

LEGAL SURNAME

LEGAL FIRST NAME

MIDDLE NAME

DATE OF BIRTH

SEX

CURRENT MOST RECENT SCHOOL

STUDENT HOME ADDRESS (this must be your child's current and permanent address)

STREET

TOWN

COUNTY

POST CODE

PARENTAL/CARER CONTACT DETAILS

TITLE

INITIALS

SURNAME

FULL ADDRESS INCLUDING POSTCODE

RELATIONSHIP TO CHILD

MAIN PHONE NUMBER

ALTERNATIVE NUMBER

EMAIL

CURRENT HEADTEACHER'S SIGNATURE

Please discuss the transfer with your child's current Headteacher and have this section signed by them.
Forms will be returned if a signature is not provided

PRINT NAME

HEADTEACHER'S SIGNATURE

DATE

TRANSFER DETAILS

When are you looking to transfer your child? (ASAP OR DATE)

Are you transferring schools due to a change of address?

YES ☐ NO ☐

If yes, please provide details of your new address and approximate move in date in box on following page *

Are you requesting to transfer schools but not moving address?

YES ☐ NO ☐

If yes, please state your reason for transferring school in box on following page*

Are you a Service /Crown Servant family due to a move into the area?

YES ☐ NO ☐

If yes, please provide evidence of posting

*Please note your reasons for transfer, including any previous/new address here:

SIBLING INFORMATION

Does your child have a sibling currently attending Churchmead?

YES ☐ NO ☐

*Brother or sister – this includes half, adopted or foster sibling

If you have selected **yes**, please provide details below:

NAME	DATE OF BIRTH	SCHOOL ATTENDING

ADDITIONAL DETAILS

Does your child have a statement of Special Educational Needs or an Education Health and Care Plan? **If yes, please contact The Children and Young People Disability Service – 01628 685878**

YES ☐ NO ☐

Is your child in the care of the Local Authority? **If yes, please attach documentary evidence**

YES ☐ NO ☐

Is your child privately fostered? **Cared for by someone other than the parent without the involvement of the local authority**

YES ☐ NO ☐

Are you applying for a school place under Social and Medical grounds? Not applicable to all schools. **See Social/Medical criteria in the Guide to In-Year Admissions at www.rbwm.gov.uk**

YES ☐ NO ☐

Has your child been absent from school for a total of more than four weeks in the last year?

YES ☐ NO ☐

Has your child even been permanently excluded from school?

YES ☐ NO ☐

Have you ever had contact with an Education Welfare Officer or Social Services?

YES ☐ NO ☐

If you have selected 'YES' for any of the above, please provide details below (i.e., dates and reasons for exclusions/absences and contact details of EWO's/Social Workers)

DECLARATION

I confirm that I have read the information in the 'Guide to In-Year Admissions' available online at www.rbwm.gov.uk. I am the parent/carer of this child and I have the agreement of all people with parental responsibility to make this application, or there is a court order allowing this application. I declare that the information I have given on this form is correct and complete, and understand that any school place offer obtained through fraudulent or intentionally misleading information may be withdrawn.

I enclose:

- a) Supporting evidence if applying for a looked after child
- b) Supporting evidence if applying under social/medical grounds
- c) If I am moving house, confirmation that my house purchase is legally binding or a formal lease agreement and evidence that I have completed the sale of/ceased rental at my previous property. I have also enclosed a copy of a utility bill or current council tax statement to prove that I am living at my new property
- d) If we are new to the UK, evidence that we are entitled to remain in the UK

*Please send COPIES of any documentation requested as we are unable to return them

Data Protection Act 1998 – The personal information collected on this form will be used for the purpose of the administration of school admissions. This information will only be shared with schools and local authorities for the purpose of applying the Admissions Policy. The Council may also use this data in connection with the prevention or detection of other fraud or crime.

SIGNATURE

FULL NAME

DATE

SIGNATURE