Birmingham City Council

**For School use only** LA Admissions Team Date: School Governors Date: Outcome Letter sent Date:

**Application for a Change of School (In-year)**

**T o b e c o m p l e t e d b y p a r e n t / c a r e r**

**IMPORTANT: PROOF OF YOUR HOME ADDRESS MUST BE SUPPLIED WITH THIS FORM** Acceptable proof includes: a copy of council tax, gas or electricity bill (within last 6 months) Failure to provide acceptable proof may affect your child's eligibility for your preferred school.

**Child’s Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Full Legal Name** |  | | |
| **Date of Birth** |  | | |
| **Current Year Group** |  | **Gender:** | * Male Female *(Please tick)* |
| **Home Address** |  | | |
|  |
| **Postcode** |  | | |

**Details of siblings currently attending this school: Name, Year Group & Class**

If you are applying for a voluntary aided (faith school), foundation school or academy, please ensure you check whether the school requires an additional information form to be completed.

**SECTION 2 To be completed by parent/carer**

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| --- | --- | --- |
| **Why do you want to transfer your child to this school?** | | |
|  | | |
|  | | |
| Current or previous school: |  | |
| Address of school: |  | |
|  | | |
| Is your child still attending this school? *Please tick* | | * Yes No |
|  | | |

|  |  |
| --- | --- |
| If no, give the reason why and the last date your child attended: | |
|  | |
|  | |
| Date of leaving current/previous school: |  |

|  |  |  |
| --- | --- | --- |
| Is your child in public care or accommodated by a local authority (a looked after child) or previously looked after? | | * Yes No |
| If yes, which local authority? |  | |
| Please give the name of the social worker and a contact telephone number: | | |
| Social Worker Name: | | |
| Contact Telephone Number: | | |
|  | | |

In Birmingham we operate a Fair Access Sharing Protocol. This Protocol exists to ensure that all schools admit their fair share of children with challenging behaviour, In order to assist the Local Authority in determining if your child should be considered for a place using this protocol please answer the following questions:

|  |  |
| --- | --- |
| Has your child ever been excluded from any school? | Yes No |
| If yes, please give dates of fixed term and/or permanent exclusions and/or managed move: | |
|  | |
|  | |
| Are there any other agencies involved with your child e.g. Education Welfare/ Family Support Worker/ CAT Team/Education Psychiatrist? Please provide details of agency and name of contact(s). | |
|  | |
|  | |
| If your child is experiencing difficulties, please explain what contact you have had regarding this. When was your last meeting with school? Who was your meeting with and what was the outcome? | |
|  | |
|  | |
| Please provide any other information relevant to this application e.g. social, educational or behavioural difficulties? | |
|  | |
|  | |

**Section 3 To be completed by parent/carer**

|  |  |
| --- | --- |
| **Baptised Roman Catholic:** | |
| Is your child a Baptised Catholic or have they been received into the church? Yes No | |
| Name & Address of Catholic Church: |  |
| Date of Baptism: |  |
| A copy of your child’s baptismal certificate must be enclosed with this form. | |

Please ensure that you have included all additional information, certificates and forms that are required for your preferred school. Failure to provide additional information forms and a copy of your child’s baptismal certificate may affect the outcome of your application.

**Section 4 To be completed by the Head Teacher of your child’s current or most recent school**

|  |  |
| --- | --- |
| **Declaration:** | |
| I confirm that the information provided by the applicant on this application is correct: Yes No | |
| Name of person completing this declaration: |  |
| Position |  |
| Signature & Date | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 5 To be read and signed by Parent/Carer** | | | |
| Declaration and consent to share information: | | | |
| **The information provided on this application form may be shared with other agencies and service providers to ensure your child receives an appropriate service. The full Data Protection statement can be found in the parents information booklet or online at** [**www.birmingham.gov.uk/schooladmissions**](http://www.birmingham.gov.uk/schooladmissions)  **If a Parent/Carer knowingly and willingly provides a false statement which would affect the success of this application they may have the school place withdrawn.**  I confirm that I have read and understood the notes relating to this application. I certify that the information which I have provided is correct and that I am aware that giving false information may result in any offer of a school place being withdrawn.  I give my consent for the school and the School Admissions service to contact relevant agencies in order to validate this application. | | | |
| Title *(Mr/Mrs/Miss)* |  | Full Name | **PLEASE PRINT** |
| Signature of Parent/Carer | | Date: | |
| Relationship to child | |  | |
| Email address: | |  | |
| Home/Mobile Telephone Number | |  | |
| If your preferred school is unable to offer your child a place, please contact staff in the Children’s Information and Advice Service on 0121 303 1888 (option 4) who will be pleased to offer advice and guidance on what to do next. | | | |

Please return to SS John & Monica’s School Office with original documents, the office will take copies for you.