



Office use only

Category

Distance

Application for an in-year school place: Part A

This form should be completed by the parent/carer and returned to the address on the reverse.

Details of parent/carer making the application

Title	Forename(s)	Surname
Relationship to child		Home phone number
Home address and postcode		Work phone number
		Mobile phone number
Email address		

Information about your child

Legal forename(s)	Legal surname
Any other name(s) used by child	Date of birth <input type="text" value="DD"/> <input type="text" value="MM"/> / <input type="text" value="YY"/>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Current year group <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 13
Ethnic origin	Home language

About your child's faith

Is your child a Baptised Catholic? No Yes

If no, please state your child's Christian denomination or faith tradition

Name and address of church or place of worship attended by your child

Note: If child is Baptised Catholic you must provide proof of Baptism, otherwise your child may not be placed in the correct category.

Is there anyone who should not have access to information about your child?

No Yes

Are you, or anyone else with parental responsibility, a serving member of HM Forces?

No Yes

About your child's UK residency

Has your child arrived in the UK within the last 3 years? No Yes

Is your child a refugee or an asylum seeker? No Yes

About your child's 'looked after' status

Is your child in public care (a 'looked after child')?
 No Yes (If yes, please provide details below)

Definition of a 'looked after child':

A 'looked after child' is a child who is:

- (a) in the care of the local authority, or
- (b) being provided with accommodation by a local authority (e.g. a child placed with foster parents)

Definition of a 'previously looked after child':

A 'previously looked after child' is a child who was previously looked after but, immediately after being looked after, became subject to an adoption, residence or special guardianship order.

Is your child a 'previously looked after child'?
 No Yes (If yes, please provide a copy of the relevant court order)

Does your child have a statement of Special Educational Needs?

No Yes (If yes, please do not use this form. Please contact your SEN Assessment Officer for advice.)

Is your child on the Special Educational Needs (SEN) register?

No Yes

Do you consider that your child has a disability as defined by the Disability Discrimination Act 1995?

No Yes

Definition used in the Disability Discrimination Act 1995:

A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Is your child entitled to free school meals?

No Yes

Does your child know any students who attend this school?

No Yes

If yes, please state names

Information about your child's current school

Name of current school

Name of Local Authority

Date child started at current school

MM / YY

Is your child still attending school regularly? No Yes

If no, please state last date attended

DD / MM / YY

Has your child ever been excluded from school? No Yes (if yes, please provide details below)

Date	Type of exclusion	Number of days	Reason
	<input type="checkbox"/> Fixed term <input type="checkbox"/> Permanent		
	<input type="checkbox"/> Fixed term <input type="checkbox"/> Permanent		
	<input type="checkbox"/> Fixed term <input type="checkbox"/> Permanent		

About the reasons for changing school

What is the reason for leaving your current school? Moving home Permanently excluded Other

If other, please specify

Have you discussed these reasons with your current school? No Yes

Has your current school suggested you transfer your child? No Yes

About other schools your child may have attended

Has your child attended another secondary school or a pupil referral unit (PRU)? No Yes

If yes, please state name of school

If yes, please state date of leaving

DD / MM / YY

About other outside agencies

Are there any outside agencies involved with your child? No Yes (If yes, please provide details below)

Agency	Name of worker	Contact details

Declaration

I certify that the information I have provided is true to the best of my knowledge, and that I do have parental responsibility for this child.

I accept that the school reserves the right to withdraw a school place which has been obtained by providing incorrect or misleading information.

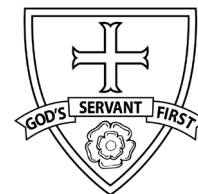
Signature

Print name

Date

Please ensure all sections of this form are completed before returning it along with Part B to:

Governors' Admissions Panel
In-year Application
St Thomas More Catholic School
Darlaston Lane
Willenhall
West Midlands
WV14 7BL



Application for an in-year school place: Part B

This form should be completed by the child's current school.

Name of your school

School name

Information about the child

Child's legal forename(s)

Child's legal surname

Any other name(s) used by the child

Child's date of birth DD / MM / YY

Child's gender
 Male Female

Child's current year group
 Year 7 Year 8 Year 9 Year 10 Year 11 Year 12 Year 13

Child's UPN

Reasons for change of school

Please provide any available information about the circumstances which have led to the request for a change in school.

Do you believe that a change of school would be in the best educational and social interests of the child?

No Yes

About the child's needs

Is the child on the Special Educational Needs Code of Practice? No Yes

SEN stage of Code of Practice? SA SAP STMT

Reason

About the child's abilities

Is the child on the Gifted and Talented Register? No Yes

If yes, please state areas in which the child excels

Academic information - Key Stage 2

Please provide the following Key Stage 2 SAT levels

English:

Mathematics:

Science:

Academic information - Key Stage 3

If the child is in Key Stage 3 please complete this section

Subject	Predicted level	Level achieved
English		
Mathematics		
Science		

Academic information - Key Stage 4

If the child has started examination courses please complete this section

Subject	Predicted grade	Level (GCSE, BTEC etc.)	Examination board	Course/syllabus code
English				
Mathematics				
Science				

Information about outside agency intervention

Have any outside agencies been involved with this student? No Yes (If yes, please complete the section below)

Agency	Keyworker	Contact details	Type of intervention	Still active?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes

Is the child still attending school regularly? No Yes

If no, please state last date attended

D D / M M / Y Y

Additional information required

Please provide a copy of the following documents:

	Document provided?	
Attendance record from date started at current school	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Behaviour incident log from date started at current school	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medical record	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Most recent academic report	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Risk assessment	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Individual Educational Plan*	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pastoral Support Plan*	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Paperwork from outside agency intervention* (please specify)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Please list other documents provided

Declaration

I certify that the information I have provided is true to the best of my knowledge.

Signature

Position in school

Contact number

Print name

Date D D / M M / Y Y

Please ensure all relevant sections of this form are completed before returning it and all requested documentation in a sealed envelope to the parent/carer of this student.