**Madeley Academy**

**School Admissions & Transfers**

# In-Year Transfer Form

## Section 1 – Special Educational Needs

Does your child have a Statutory Statement of Special Educational Needs or □ Yes □ No Education, Health and Care Plan?

If **YES**, please contact Telford & Wrekin SEND and Inclusion for details[: S](http://www.birmingham.gov.uk/senar)ENDandinclusion@telford.gov.uk

## Section 2 – Child’s Details

|  |  |
| --- | --- |
| **Child’s Name:**   | **Gender:**   |
| **Date of Birth:**   **Note:** A copy of your child’s Birth Certificate and/or Passport is required to be provided to the school if an offer is made.  | **Current Year Group:**  |

## Home Address

This must be the address where the child normally lives. If this is different from the parent/carer’s address, please explain why on a separate sheet of paper. Please notify us immediately if you have a change of address after this form is submitted.

If you have recently changed address you must supply proof with this application.

**IMPORTANT: Proof of your home address MUST be provided with this form**

Acceptable proof includes a photocopy of your most recent council tax bill, recent utility bill (gas, water or electric) received in the last 6 months, in the name of the person making the application, or a signed and dated tenancy agreement. **Failure to provide acceptable evidence may affect your child’s eligibility for application.**

|  |  |
| --- | --- |
| **Home Address:**   | **Postcode:**   |
| **Mobile:**  |  **Home Telephone:**  |
| **Email Address:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **For Office Use Only**  |  |  |  |
| **Passport(s) seen:**  | □ Yes | □ No | **Enter Passport N°**  |
| **POA requested if not supplied**  | □ Yes  | □ No  | **Officer initials:**  |

## Section 3 – Current/Previous School

|  |  |  |  |
| --- | --- | --- | --- |
| Name of current school:  |  |  |  |
| Local Authority area situated:  |  |  |  |
| Please state your reasons for requesting a new school:  |  |  |  |
| Is your child still attending?  | □ Yes | □ No | If no, what date did they last attended?  |

**Section 4 – Do any of the following apply to this child?**

|  |
| --- |
| Is the child from a UK Armed Forces family? □ Yes □ No  |
| Is the child a refugee or asylum seeker? □ Yes □ No  |
| Are you and your child citizens of the UK or European Union? □ Yes □ No  |
| Does the child speak English? □ Not at all □ Some □ Perfectly  |
| If no, what is the child’s first language and Nationality? □ Yes □ No  |
| Is the child in care of a Local Authority? If **YES** please confirm the Local □ Yes □ No Authority and name of Social Worker:    |
| Has your child previously been in care (looked after)? If **YES** please □ Yes □ No confirm the Local Authority and name of Social Worker:    |
| In the case of previously looked after children, to ensure that your child is given the highest priority against the school’s oversubscription criteria please supply a copy of the adoption order, residence order or special guardianship order and a letter from the local authority that last looked after the child confirming that he/she was looked after immediately prior to that order being made. **Note:** forchildren who were previously looked after outside of England (internationally adopted previously looked after children), provide whatever evidence and official documentation you have.  |

## Section 5 – Parent/Carer’s details

|  |  |
| --- | --- |
| Name and title (ie Mrs, Mrs etc) of Parent/Carer:   |  |
| Relationship to child:   |  |
| Your home address:  | Postcode:  |
| Home telephone N°  | Mobile telephone N°  |
| Email address:  |  |
| Is the parent/carer’s address the same as the child’s home address?  | □ Yes □ No  |

## Section 6 – Sibling Information

Please enter details of any sibling **currently attending Madeley Academy**.

|  |  |  |
| --- | --- | --- |
| **Sibling Name:**   | **Year Group:**   | **Date of Birth:**   |
| **Sibling Name:**   | **Year Group:**   | **Date of Birth:**   |

## Section 7 – Declaration and Signature of Parents/Carers

This form should only be completed by the person who has parental responsibility. This means that you have the legal right to make decisions about the child eg where the child will go to school. By signing and dating the declaration please ensure that all sections are complete and you have provided any necessary documentation.

I declare that the information I have given on this form is correct. I understand that, if at a later date, this information is found to be incorrect, the school place offered to my child may be withdrawn.

|  |  |
| --- | --- |
| **Signature:**  | **Date:**  |
| **Print Name (including title):**  |  |

Madeley Academy respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Academy and other information about you available to the Academy (‘your information’).

In accordance with the UK Data Protection Law, the Academy will use your information, for the purpose of processing your application for a school place, to (a) deal with your requests and administer its departmental functions; (b) meet it statutory obligations; and (c) prevent and detect fraud, The Academy may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other departments within the Academy (including the elected Members, central Government departments, law enforcement agencies, statutory and judicial bodies, community service providers and contractors that process data on its behalf. The Academy may also use and disclose information that does not identify individuals, for research and strategic development purposes. For further information about your information rights please see the Academy’s privacy notices which can be viewed on our website.

## Section 8 – To be completed by the Headteacher at the child’s current school

|  |
| --- |
| Parents seen by:    |
| Headteacher’s signature (*Please do not sign if the child has a Statement of Special Educational Needs/Education Health and Care Plan)*  |
| Has the child received any exclusions from school? □ Yes □ No  |
| What is the child’s current attendance percentage?  |
| Is the Education Welfare Service involved with the child? □ Yes □ No  |
| Please provide comments relevant to this application for school transfer:          |

**Please return this form to:**

**Mr Duncan Marshall, Senior Deputy –Admissions**

**Madeley Academy**

**Castlefields Way**

**Madeley**

**TELFORD TF7 5FB**

**Or email**

**dmarshall@madeleyacademy.com**