

Wigan Council secondary school transfer of school application form

Details of Child:

Full Name:	Date of Birth:
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Age:	Year Group:	Male / Female:
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Parent / carer name:
 Address:
 Post code:

Home telephone:	Mobile:	Email:
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If you are moving house please tell us your new address:

Post code (essential):	Date of move:
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Once we have allocated a place at a school, your child must start within four school weeks. If they do not, you will have to re-apply. Please bear this in mind if you are in the process of moving house.

Does your child have a statement of special educational needs/EHC Plan? Yes No
 (please tick)

Looked after and previously looked after children:

Is your child looked after? Yes No If yes, which local authority:.....

Name of social worker:.....Telephone number:.....

Was your child previously looked after? Yes No (please tick)

If yes, you will need to provide evidence to support this. Evidence enclosed is a copy of:

Adoption Order Residence Order Special Guardianship Order

Armed Forces Personnel Only:

Is your relocation due to a new posting? Yes No Date of new posting:.....

If yes, you will need to provide a letter from your commanding officer to confirm this.

Current School Details:

School name: Address: Telephone number: Date last attended:	Has your child ever been permanently excluded? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If yes, please give date(s):
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Reason(s) for requesting a change of school:

It is essential that parents notify the Head Teacher of the child's current school and ask them to complete the 'Current School Information' form at the end of this application. Failure to complete this form may delay your application.

School preferences:

For Year 10 and 11 pupils only: Moving schools in Key Stage 4 (years 10 and 11) is difficult as schools offer different curriculum. Have you approached any of the schools that you have requested to satisfy yourself that your child's option subjects can be accommodated? **Yes** **No** **(please tick)**

Preference 1:.....

Reason for preference:

If you have a sibling at this school / applying for this school, please give details:

Name:

Date of Birth:

Preference 2:.....

Reason for preference:

If you have a sibling at this school / applying for this school, please give details:

Name:

Date of Birth:

Preference 3:.....

Reason for preference:

If you have a sibling at this school / applying for this school, please give details:

Name:

Date of Birth:

Disclaimer:

This information falls within the Data Protection Act. The information supplied will be held on computer for the purposes of education and training administration and will be used solely for this purpose and disclosed when necessary to the Local Authority, Schools, School Inspector's etc. The information on this form and any other information subsequently provided whether by meeting, phone, fax, email or letter would also be used for this purpose. I freely consent to the use of the personal data as described in this paragraph.

I confirm that I have parental responsibility and/or care of the child, and that the child lives with me.

My relationship to the child is:.....

Name of Applicant (in capitals):.....

Signature:.....**Date:**.....

School Organisation Contact Details:

Please return this form to:

The School Organisation Team
Wigan Council
PO Box 100
WN1 3DS

Email: schoolplaces@wigan.gov.uk

Telephone: 01942 489013

For more information and to apply online please use the following link:

www.wigan.gov.uk/Resident/Education/Schools/School-Admissions/Moving-Schools.aspx

12	Professional involvement – please list which services are involved i.e. Start Well, CAMHS, YOT, Restorative Solutions, DIVERT, MST, YIDAT, Barnados, Police etc.	Yes/No
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Name of person completing form:

Designation:

Date:

This form should be returned directly to the School Organisation Team –
 Email – schoolplaces@wigan.gov.uk

Should you have any queries please contact us on 01942 489013