

In-Year Admission Form – Primary

It is important that you provide as much information as possible to assist in the transfer process. Please note that your child is not guaranteed a place at any school (this includes your nearest schools).

This form **MUST** be completed by the person who has parental responsibility for the child. If there is a residential order or special guardianship in place evidence of this **MUST** be provided with the form.

Sections A and B must be **FULLY** completed by the parent/carer. **Section C is to be completed by your child's current school.**

Once the form has been completed, the form must be forwarded to Governance Manager, North East Learning Trust, Traynor House, Traynor Way, Peterlee, County Durham, SR8 2RU by post or by email to schooladmissions@nelt.co.uk.

Transfer forms that are not fully completed will be returned to the parent/carer or current school.

Section A – to be completed by the parent/carer (or the person who holds legal parental responsibility) Name of Academy (you would like your child to attend) Year Group (R, Year 1,2,3,4,5,6, Date place is required: Reason for transfer: Name of pupil: Date of birth: **Current Address: Postcode Telephone number** Home: **Mobile:** E-mail address **Current/previous school**

Local Authority								
Previous schools attended:	1							
	2							
Does your child have an Educa a statement of special educati	Yes	No						
Do you have parental respons	ibility for the child?	Yes	No					
If your child is 'looked after' pl local authority								
If the answer is yes to the above name of social worker								
Is your child previously 'looke	d after' but now adopted?	Yes	No					
Is your child subject to a reside guardianship? - please provid	•	Yes	No					
Does your child live with some another family member?	eone other than yourself or	Yes	No					
If so, please state name of the to the child.	person and their relationship							
How long has this arrangemen	nt been in place?							
Has your child been permaner	ntly excluded from any school?	Yes	No					
If yes, which school:								
Reason for exclusion:								
Please include details of why y	our child wishes to move							
School:								
Please confirm the names and date of birth of any siblings attending your preferred school?								

Name				Date of Birth					Year group			
Signed												
Print Nar	me											
Relations	ship to pup	oil										
Date												
Section B – to be completed if your child has recently arrived from overseas Please note that if your child's current or previous school is outside the UK, we will need to see proof of your child's boarding pass, travel ticket, endorsed passport or entry visa. We will also need to see proof of your child's date of birth, such as their passport, identity card or birth certificate.												
Date of a	rrival in ar	ea										
Is your child a refugee or asylum seeker?							Yes No			No		
Do you s	peak Engli	sh flu	ently?					Yes	No			
If you are		t in En	glish, wl	hat is your	preferred							
Does your child speak English fluently?						Yes No			No			
If no, what is your child's first language or additional language spoken?												
Section C – to be completed by current school BEFORE SUBMITTING YOUR APPLICATION FORM, YOU MUST ASK YOUR CURRENT SCHOOL TO COMPLETE SECTION C. (there may be a delay in processing your transfer if the form is not fully completed) Please note that parents/carers have the right to apply for a school transfer.												
Is the pupil reaching age related expectations					Yes			No				
Please tie	ck below w	here a	ppropri	iate and fo	r ticked sect	ions, p	olease	provide re	elevant	t repo	orts.	
ЕНСР	SEN Plan	EAL		LAC EWS involvement		nt	Social worker		Behaviour support		Educational psychologist	
Attendar	nce – pleas	e prov	ided att	endance p	oercentage f	or:	T					
Last school year %				Current school year								
Sibling details (currently attending your school)												
Name Year 9			Year gro	oup	Comments							

Details of any fixed	d term exclusio	ns during the past yea	ır:					
Date	Reason			Duration (days)				
Details of any inte	rnal exclusions	during the past year:						
Date	Reason				Duration (days)			
Is this student at ri	Yes		No					
Are there any issue	Yes		No					
Please include any information or comments you believe that the receiving school need to be aware of including relationships with staff and peers, SEND, general comments about behaviour and attitude, at risk of CSE and views on the transfer:								
	-		nated representative in the adteacher will be returned t			ms that a	are not	
Signed								
Print name								
Designation								
Name of school								
Date								