

## **In-Year Admission Form – Secondary**

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 b responsibility)	by the parent/carer (or the person wh	no holds legal parental
Name of Academy (you would like your child to attend)		
Year Group (7,8,9,10,11)		
Date place is required:		
Reason for transfer:		
Name of student:		
Date of birth:		
Current Address:		
Postcode		
Telephone number	Home:	Mobile:
E-mail address		
Current/previous school		

Local Authority								
Previous secondary schools	1							
attended:	2							
	3							
Does the child have an Educatio statement of special educationa		Yes	No					
Do you have parental responsib	ility for the child?	Yes	No					
If the child is 'looked after' pleas	se confirm the local authority							
If the answer to the above quest name of the social worker (wher								
Is the child previously 'looked a	fter' but now adopted?	Yes	No					
ls the child subject to a resident guardianship – please provide a	-	Yes	No					
Does your child live with someo another family member?	ne other than yourself or	Yes	No					
If so, please state the name of th relationship to the child:	ne person and their							
How long has this arrangement								
Has your child been permanent	Yes	No						
If yes, which school:								
Reason for exclusion:								
Please include details of why your child wishes to move school								
Please confirm the names and d	Please confirm the names and date of birth of any siblings attending your preferred school?							
Name	Date of Birth Year group							

r											1	
Signed												
Print Nar	ne											
Relationship to student												
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	еа										
Is your child a refugee or asylum seeker?					Yes		N	No				
Do you speak English fluently?					Yes		Ν	No				
If you are not fluent in English, what is your preferred language?					1 1							
Does your child speak English fluently?					Yes		Ν	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 tio	k below w	here ap	pro	priate and fo	r ti	cked sec	tions, ple	ease provid	e rele	vant re	ports.	
ЕНСР	SEN Plan	EAL	EAL LAC			EWS involvement		Social worker		Behaviour support		Educational psychologist
Attendar	Attendance – please provided attendance percentage for:											
Last scho	Last school year %			%	Current	nt school year				%		
Sibling details (currently attending your school)												

Name		Year group	Comments					
Details of qualifica	tions being take	n, or key stage lev	el achieved:					
Courses being take		Qualification ty KS level			oard (e. l and 5 o		dexcel)	(Key
						£		
Details of any inte	rnal exclusions du	uring the past yea	r:					
Date	Reason				Duratio	on (days)		
Details of any fixed term exclusions during the past year:								
Date	Reason				Duratio	on (days)		
Is this student at ri	sk of permanent	exclusion?			Yes		No	

Are there any issues that may cause concern	in our Academies?	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:							
This form must be signed by the Head of School (or nominated representative in their absence). Forms that are not fully completed and signed by the Headteacher/Head of School will be returned to the school.							
Signed by Head of School							
Print Name							
Date							