

# CHANGE OF SCHOOL APPLICATION FORM

If the information required on this form is not provided in full, including valid proof of address, it will delay the application process.



<b>Year Group Required</b>					
Child's Surname				Gender	
Child's Forename				Date of Birth	
Child's Full Address (Valid proof of address must be included)					
	Proof of address included?			Postcode	
Contact details for Parent/Carer	Title	Forename		Surname	
Telephone Numbers	Daytime		Evening		Mobile
Email Address			Relationship to Child	Does this person have parental responsibility?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
New Address (if moving house)					
Expected date of move		Proof of New Address included?		Postcode	

<b>Date School Place Required</b>			
<b>SCHOOL PREFERENCES</b>		List, in order of preference, the school's you would like your child to attend	
Order	School Name	If there is a brother/sister who attends this school, please list their name	Date of birth of brother/sister
1			
2			
3			
4			
5			
6			

## ADDITIONAL INFORMATION

Previous / Current School		Start Date	
School's Full Address			
Telephone Number			
Contact at previous / current school. E.g. Head of Year			
Date of leaving previous school			
Has your child been out of education for more than 2 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Is your child <b>'Looked After'</b> by a Local Authority? (Children in care of, or provided with accommodation by, a Local Authority and children who were looked after but ceased to be so because they were adopted under section 46 of the Adoption and Children Act 2002.)		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>IF YES please provide:</b>	Local Authority Name	
	Care Worker Name	
	Care Worker Phone Number	
Does your child have a <b>Statement of Special Educational Needs?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you and your child <b>CITIZENS OF THE UK OR EUROPEAN UNION?</b> <b>IF NO:</b> Copies of passports and visas must be provided.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child speak <b>fluent English?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>IF NO:</b> What is your child's first language?		

## WHY DO YOU WANT TO TRANSFER YOUR CHILD TO ANOTHER SCHOOL?

## APPLICATIONS TO CATHOLIC OR CHURCH OF ENGLAND SCHOOLS

### CATHOLIC SCHOOL

(If your child is Catholic, please attach a copy of their baptism certificate)

Child's Religion		Date of Baptism	
Please indicate if you have attached a copy of your child's baptism certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> Other Evidence Attached <input type="checkbox"/>		

### CHURCH OF ENGLAND SCHOOL

Child's Religion		Parish/Church to which you and the family are attached	
Please indicate if you have attached any supporting evidence for this		Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Please note:** You may still apply for church schools without providing evidence of faith.

#### Disclaimer

I, the parent/carer, confirm that:

- I have read and understood the Change of School Application Process leaflet
- I understand that a place may be lawfully withdrawn if it is proved to have been offered on the basis of a fraudulent or misleading application
- I give my consent for the School Admissions Service to contact relevant agencies in order to validate this application
- I understand I have a duty to ensure that I notify/ consult all other persons with parental responsibility for this child who do not live at the address given regarding this application and any subsequent changes to this application
- I have provided valid proof of address

<b>Signed</b>		<b>Date</b>	
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**Please return this application and supporting documents to:**

School Admissions Service  
 Warwickshire County Council  
 Saltisford Office Park  
 Ansell Way  
 Warwick  
 CV34 4UL

<b>Telephone</b>	01926 742037
<b>Fax</b>	01926 742084
<b>Email</b>	admissions@warwickshire.gov.uk



**SECTION B: To be completed by the student's current or most recent school  
(It is the parent/carer's responsibility to ensure this section is completed by your child's current school. Applications without Section B will be delayed.)**

Pupil's Name		Date of Birth	
UPN Number			
School Name			
Name of person completing form			
Position held			

SEN Information	School Action	School Action Plus	Referral	Statemented
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the nature of the pupil's additional needs				
Does the student have an IEP	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**EXCLUSIONS**

Number of Fixed Term		Please give reason(s)	
Total number of days			
Attach Incident Log and tick box	<input type="checkbox"/>	Attach PSP if applicable	<input type="checkbox"/>
Has the student been involved in the CAF process?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, for what reasons and what stage is it at present?			

Is the child 'Looked After'?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Agencies Involved		Name of Contact & Contact Details
Educational Social Welfare	<input type="checkbox"/>	
Social Services	<input type="checkbox"/>	
Educational Psychologist	<input type="checkbox"/>	
YOT	<input type="checkbox"/>	
CAMHS	<input type="checkbox"/>	
EIS	<input type="checkbox"/>	
Others, please name	<input type="checkbox"/>	

Any other relevant assessment information, please give details	
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For Yr 9 (when applicable) Yr10 and Yr11 pupils, please list current options

Subject	Course Details	Exam Board

Please provide any additional information which may be relevant to the application

#### Declaration

For completion by the Head of Year/Headteacher when the change is not due to a house move

I confirm that the parents/carers have discussed with me the reasons for a transfer to an alternative school.

Signed		Date	
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Please print name	
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#### PLEASE RETURN THIS FORM TO THE PARENT

If this is not possible it can be returned to Warwickshire School Admissions Service

**Fax: 01926 742084**

**Email:** [admissions@warwickshire.gov.uk](mailto:admissions@warwickshire.gov.uk)

**Address:** Saltisford Office Park, Ansell Way, Warwick, CV34 4UL