

In-year school place application form - for students to change school within Newcastle outside age phase transfer 2020/21

Use this form to apply to apply to change school for **children who already attend a Newcastle school**. You should only apply 4 weeks in advance of needing the school place

Do not use this form to:

- Apply for a normal age phase transfer (starting first/primary/middle/secondary or high schools in September)
- Apply for a new school if you are not currently in a Newcastle school

Before submitting this form make sure you/your child:

- Have spoken to your child's SEN caseworker if your child has an EHCP;
- Have read the in-year guidance at the webpage above;
- Have checked the vacancy report for schools which have spaces in your child's year group;
- Have read the admissions policies of the schools you are applying to;
- Have provided all the evidence needed – Faith evidence should be sent to the school; all other evidence should be emailed to School Admissions;
- Understand it can take up to 20 school days before you hear the outcome;
- Can start the school within 10 school days if you are offered a place. You can apply a maximum of four weeks in advance of needing the school place (there is an exception for service families – please see the website for information)

If you require any information, advice or support with the in-year application process:

- See our website: www.newcastle.gov.uk/schooladmissions
- Email us: admissions.information@newcastle.gov.uk
- Phone us: 0191 278 7878
(ask for School Admissions, lines open 9.00 to 14.30)

Section 1 – Your child’s details		
Child’s legal surname:	Date of birth:	Year group:
Child’s first name:	My child is (please tick)	
	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
Child’s home address:	Postcode:	
Are you moving to a new address?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
New address:	Postcode:	
Date of move:		
Child’s current school:	Is your child still attending?	
Address of school:	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Does your child have an Education, Health and Care Plan? Please attach a copy to your form	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Is your child looked after (LAC) or were they previously looked after until adopted or made subject to a child arrangements or special guardianship order?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If yes, which local authority was responsible?		
Remember to attach your evidence to this form		

Section 2 – Reason for application (please tick all that apply to your family)	
I/we are moving to a different of the city	<input type="checkbox"/>
There are better options available at my preferred school	<input type="checkbox"/>
We would like a fresh start for my child	<input type="checkbox"/>
Other reason (please explain)	<input type="checkbox"/>

Section 3 – Your details		
Title (Mr, Mrs, Miss etc.)	Surname	First name
Your address (if different from the child's):		Postcode:
Telephone number:	Email address:	
What is your first language? This information is in case we need to contact you with an interpreter or translate important documents.		
What is your relationship to the child (for example mother, father)		
Do you have parental responsibility for the child?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any Court rulings that determine which carer has the legal authority to make a school application?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If there is a Court Order stating who can make an application, we can only process an application from that person.		
We will only discuss this application with you, but if you want us to share information with other people, including support worker, you can provide the name of another person.		
Title	First name	Surname
Is this person a:	Family member <input type="checkbox"/> Support worker <input type="checkbox"/> Friend <input type="checkbox"/>	
If support worker, which organisation do they work for?		

Section 4 – School preferences

Please list your preferred schools; Put the school you want most as preference 1. **We strongly advise you apply to a school with published vacancies. See www.newcastle.gov.uk**

School preference 1

Name of school				
Reason for applying	Medical			
Faith evidence to be sent to school. Medical evidence to be sent to the local authority	Faith (evidence to be sent to school)		Catholic	
			Church of England	
			Other (name)	
	Brother or sister (sibling) in the school		Name	
Date of birth				

School preference 2

Name of school				
Reason for applying	Medical		Please provide evidence to the LA	
Faith evidence to be sent to school. Medical evidence to be sent to the local authority	Faith		Catholic	
			Church of England	
			Other (name)	
	Brother or sister (sibling) in the school		Name	
Date of birth				

School preference 3

Name of school				
Reason for applying	Medical		Please provide evidence	
Faith evidence to be sent to school. Medical evidence to be sent to the local authority	Faith		Catholic	
			Church of England	
			Other (name)	
	Brother or sister (sibling) in the school		Name	
Date of birth				

School preference 4

Name of school				
Reason for applying	Medical		Please provide evidence	
Faith evidence to be sent to school. Medical evidence to be sent to the local authority	Faith		Catholic	
			Church of England	
			Other (name)	
	Brother or sister (sibling) in the school		Name	
Date of birth				

Section 5 – Additional information

This information is used to make sure the application is completed correctly

I am a refugee

I am an asylum seeker

I am from a Gypsy, Roma or traveller background

My child has been permanently excluded once

My child has been permanently excluded more than once

My child is returning from the criminal justice system

My child has been studying for GCSEs or other studies for external examinations. **Please note school changes during exam studies should be avoided wherever possible**

These are the subjects and examination boards

Parental declaration

- I confirm I have parental responsibility for this child and/or the agreement of all persons with parental responsibility.
- I confirm that the information on this form is correct and that I have read and understand the in-year guidance.
- I understand that my child must be able to take up the allocated school place within ten school days and that the place may be withdrawn if they do not.
- **All relevant supporting information relating to the application is enclosed or will be sent to the school if faith evidence.** I understand if all evidence and information is not provided the application cannot be considered on these grounds.
- I understand my child may be taken through Newcastle City Council's Fair Access Protocol if s/he meets the criteria.

Parent or carer signature _____ Date ____ / ____ / ____

Please submit your child's application and supporting evidence by one of the following:

Email to: admissions.information@newcastle.gov.uk

You can drop the complete form off at a school who will send the form to us or hand it in at a customer service centre such as the City Library (ask for a receipt). **Please note that you cannot hand in applications or evidence at the Civic Centre.**

Post to: Admissions & Information, Civic Centre, Newcastle upon Tyne NE1 8QH

Data protection and security

The General Data Protection Regulation came into force on 25 May 2018. We will process your application in line with Newcastle City Council's data privacy notice. For further information on how we use and store your information or for a copy of the privacy notice, please see <https://www.newcastle.gov.uk/your-council-and-democracy/open-data-and-access-to-information/data-protection/our-data-protection-policy>

In-year application (school section)

This section must be completed by the Head teacher or Head of Pastoral Support at your child's current school and returned with your completed form.

We will not process your application form if this section has not been completed.

School: _____

Child's Details:

Child's name	Date of Birth	Year group	Current year's attendance (%)	Any fixed term exclusions in the past 12 months?

Is the Child still attending? Yes No Date removed from roll ____/____/____

Has the child ever been permanently excluded or have they attended a pupil referral unit? Yes No

Does the child have additional or special educational needs? Yes No
If Yes, please summarise and describe what support they require:

Please provide details of any other agencies involved with the child and reason why:

If this child does not access the full normal school curriculum (e.g. alternative provision, 1 to 1) please provide details:

Name of Headteacher/authorised signatory _____

Signature of Headteacher/authorised signatory _____

Date ____/____/____ (day/month/year)