

# In-Year Admission to Primary School

## PART ONE – To be completed by parent/carer

| Section 1 – Pupil details  |  |             |            |    |      |
|--|--|-------------|------------|----|------|
| Surname  |  | Forename(s) |            |    |      |
| Date of birth  |  | Male/female | Year Group |    |      |
| Address  |  |             |            |    |      |
| How long has your child lived at this address                          |  |             |            |    |      |
| Is your child new to the UK?   |  | Yes         |            | No |      |
| Does your child speak English?   |  | Yes         |            | No | Some |
| If you intend to move house in the new future, please provide details: |  |             |            |    |      |
| New address  |  |             |            |    |      |
| Anticipated moving date  |  |             |            |    |      |

| Section 2 – Parent/carer details |                                       |                       |                 |
|----------------------------------|---------------------------------------|-----------------------|-----------------|
| Surname                          |                                       | Forename(s)           |                 |
| Title                            | Mr / Mrs / Miss / Ms / Other<br>_____ |                       |                 |
| Relationship to child            |                                       |                       |                 |
| Home telephone number            |                                       |                       |                 |
| Mobile telephone number          |                                       |                       |                 |
| Email address                    |                                       |                       |                 |
| Home Language                    |                                       | Do you speak English? | Yes / No / Some |

### Section 3 – Your school preferences

Where parents or carers have shared responsibility for the child, they must discuss and agree on the preferred school. Please state the name of the schools at which you would like your child to attend below. Remember to check the Admission Policy of the school and whether or not a supplementary form is required or a baptism certificate is needed.

Supplementary Forms are available from the preferred school directly and must only request additional information that has a direct bearing on decisions made about oversubscription criteria. They must not request information prohibited in Section 1.9 and 2.4 of the School Admissions Code 2012.

|                                |   |
|--------------------------------|---|
| <b>Preferred schools names</b> | 1 |
|                                | 2 |
|                                | 3 |

### Section 4 – Your child’s school history

|  |  |
|--|--|
| <b>Current/most recent school name</b> |  |
|--|--|

|                        |  |                         |  |
|------------------------|--|-------------------------|--|
| <b>Local Authority</b> |  | <b>Telephone Number</b> |  |
|------------------------|--|-------------------------|--|

|                           |  |
|---------------------------|--|
| <b>Date last attended</b> |  |
|---------------------------|--|

**Please note, your child should continue to attend at their present school until the transfer request has been completed.**

#### Previous schools -

|                           |                           |  |
|---------------------------|---------------------------|--|
| <b>Previous school 1</b>  | <b>Local Authority</b>    |  |
| <b>Date last attended</b> | <b>Reason for leaving</b> |  |
| <b>Previous school 2</b>  | <b>Local Authority</b>    |  |
| <b>Date last attended</b> | <b>Reason for leaving</b> |  |
| <b>Previous school 3</b>  | <b>Local Authority</b>    |  |
| <b>Date last attended</b> | <b>Reason for leaving</b> |  |

## Section 5 - Reason for transfer request

Please provide your reasons for requesting a transfer of schools. Continue on a separate sheet if required.

Have you met with your child's current school to discuss the reason you wish to transfer

**Yes**

**No**

With whom did you discuss the transfer?

Head Teacher

Deputy Head

Class Teacher

other

Date of meeting

Outcome of meetings (continue on a separate sheet if required)

## Section 6 - Siblings

Please provide details of any older siblings who are currently attending your preferred school. A sibling should be a brother or sister, half-brother or half-sister, step-brother or step-sister living at the same address as the child for whom the application is being made. No priority is given to cousins or other relative regardless of the address.

**Name of sibling**

**Date of birth**

**School attended**

## Section 7 – Additional information

|   |     |                                      |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
|---|-----|--------------------------------------|----|---|--|--------------------------------|--|--------------------------|--|------------------------------------|--|--|--|----------------------|--|---------------------------------|--|-------------------------------|--|---|--|--------------------------------------|--|-------------------------------------|--|-------------------|--|------------------------|--|--|--|
| Does your child have a Statement of Special Educational Needs?  | Yes |                                      | NO |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| Is your child Looked After by a Local Authority? (often know at 'In Care')  |     |                                      |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| If yes, please state which Local Authority  |     |                                      |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| Are there any specific medical or psychological reasons for your preferred school?  |     |                                      |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| If yes, please attach details and any supporting evidence from a hospital consultant, social worker or other relevant professional to this application.   |     |                                      |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| Does your child have an Early Help Assessment?  | Yes |                                      | No |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| <p><b>Please tick any of the following that apply to your application:</b></p> <table border="1"> <tr> <td>Parents who are UK Service Personnel/Crown Servants</td> <td></td> <td>Not currently on a school roll</td> <td></td> </tr> <tr> <td>Asylum Seeker or Refugee</td> <td></td> <td>Subject to a Child Protection Plan</td> <td></td> </tr> <tr> <td>Been out of education for more than one term</td> <td></td> <td>Permanently Excluded</td> <td></td> </tr> <tr> <td>Disability of Medical Condition</td> <td></td> <td>History of behavioural issues</td> <td></td> </tr> <tr> <td>Living in a hostel/safe house of homeless</td> <td></td> <td>Returning from a Pupil Referral Unit</td> <td></td> </tr> <tr> <td>Previously electively home educated</td> <td></td> <td>None of the above</td> <td></td> </tr> <tr> <td>Child is a young carer</td> <td></td> <td></td> <td></td> </tr> </table> |     |                                      |    | Parents who are UK Service Personnel/Crown Servants |  | Not currently on a school roll |  | Asylum Seeker or Refugee |  | Subject to a Child Protection Plan |  | Been out of education for more than one term |  | Permanently Excluded |  | Disability of Medical Condition |  | History of behavioural issues |  | Living in a hostel/safe house of homeless |  | Returning from a Pupil Referral Unit |  | Previously electively home educated |  | None of the above |  | Child is a young carer |  |  |  |
| Parents who are UK Service Personnel/Crown Servants   |     | Not currently on a school roll       |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| Asylum Seeker or Refugee  |     | Subject to a Child Protection Plan   |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| Been out of education for more than one term  |     | Permanently Excluded                 |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| Disability of Medical Condition   |     | History of behavioural issues        |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| Living in a hostel/safe house of homeless   |     | Returning from a Pupil Referral Unit |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| Previously electively home educated   |     | None of the above                    |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |
| Child is a young carer  |     |                                      |    |   |  |                                |  |                          |  |                                    |  |  |  |                      |  |                                 |  |                               |  |   |  |                                      |  |                                     |  |                   |  |                        |  |  |  |

## Section 8 – Other agency involvement

Are there any other Agencies or Services (e.g. Early Intervention Service, Social Services, CAMHS, Education Psychology) involved with the child? If so, please provide contact details below:

| Agency | Contact name | Contact telephone number |
|--------|--------------|--------------------------|
|--------|--------------|--------------------------|

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

## Section 9 – Parent’s or carer’s declaration

I declare that all the information which I have provided on this application is true. I understand that any school place offered on the basis of intentionally misleading or fraudulent information may be withdrawn. Red Lane Primary School will contact your child’s current school to obtain any relevant information, which will be required before we can offer a start date. By signing this form I also give my consent to contact my child’s current school.

Signed

Date

If you have provided any additional information with this application, please state the number of additional sheets submitted:

## Section 10 – Data Protection Act

School maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may be shared with schools and other Local Authorities.

Verification of Information – School may verify the information you have provided on this form which could involve contacting other departments of Bolton Council who maintain appropriate records. In instances where the information provided is different from that held by them, they may use the information on this form.

### Please Note

If you are not offered a place at your preferred school, you will be informed of the decision and the reasons why a place has not been offered. You will also be informed of your right to appeal the decision and how an appeal can be submitted.

### Submitting your application

Your application should be submitted to Red Lane Primary School  
Red Lane  
BRIGHTMET  
Bolton BL2 5HP

Telephone: 01204 333580/333572

Office@red-lane.bolton.sch.uk

### What happens next?

Red Lane Primary, as part of BASE Academy Trust, where the Trust board is the Admission Authority, will aim to process your application within 10 school days of receipt however in cases, this may take longer.

A decision to offer or not cannot be made by an individual person (such as the Head Teacher). For this reason, your transfer request may take longer than 10 school days.

If you are not offered a place at your preferred school, you will be informed of the decision and the reason why a place has not been offered in writing.

You will also be informed of your right of appeal the decision and how an appeal against the decision can be submitted.