

Changing Secondary School Form In Year Application

TO BE COMPLETED BY THE PARENT / CARER WITH MAIN PARENTAL RESPONSIBILITY. PLEASE COMPLETE IN BLOCK CAPITALS WITH BLACK INK AND TICK THE APPROPRIATE BOXES.

Section 1: Reason for your application

- Moved into North Somerset
- □ Moving out of catchment within the North Somerset area
- Not moving, but requesting a new school

Section 2: Your child's details

Child's legal first name (as it appears on birth or adoption certificate):
Male Female
Child's legal surname (as it appears on birth or adoption certificate):
Date of birth: Current Year Group:
Child's current home address:
Postcode:
f the child / family is moving house, please give the proposed new address:
Postcode:
Anticipated data of house move:
Anticipated date of house move:

These details must be supplied, so we can process your application.



In order to be considered from your proposed new address, you must provide independent confirmation of it.

If you are buying a property you must provide a solicitor's letter confirming that contracts have been exchanged and a completion date set. If you will be renting, a copy of the tenancy agreement signed by both parties (landlord and tenant) is required. Your application will not be considered from the proposed new address until independent confirmation is received.

If you are not providing independent confirmation, do you want your application considered from your current address?

	Yes		No
Is the o	child in care of a l	local aut	thority?
	Yes		No
			n the care of a local authority but has since been adopted (or become special guardianship order)?
	Yes		No
Is the c	child a young care	er?	
	Yes		No
If 'Voc'	to any of the ab		stions please provide further details in the box below. Please include

If 'Yes' to any of the above questions please provide further details in the box below. Please include the names and contact details of any outside agencies currently involved with this child (Social Worker; CAMHS; Behaviour Support, Local Support Team or similar) and attach a letter of support if applicable.

Click or tap here to enter text.	

You should note that if you do not disclose relevant information where applicable this will delay your application being processed and could lead to your application being invalidated.



Has the child ever had a fixed or permanent exclusion from a school?

No

□ Yes □

Are / were there any attendance related difficulties at this or any other school? Please give further details below.

	Yes		No										
Click or	tap here to enter	text.						1					
	ectation is tha												
	Yes		No										
lf 'Yes',	please provide	docume	ntation.										
	our child use En e is not English		an additio	nal langua	ge? Th	is mear	ns their r	first lar	ngua	ge or	• hor	ne	
	Yes		No										
lf 'Yes', pl	ease state your ch	ild's first la	anguage/s:			_							
					-				Pr Care				



ls your (child eligible for Free So	hool Me	als?			
	Yes 🗆	No				
lf 'Yes',	please provide docume	ntation.				
How wi	ll your child travel to sc	hool?				
	Walk 🗆 Train 🗆	Cycle Bus		Car	🗆 Taxi	
<u>Section</u>	3: Your child's religion					
	Christian Hindu Jewish		Sikh Other No relig	ion		
	I do not wish a religion	category	/ to be re	ecorded		
<u>Section</u>	4: Your child's ethnicit	¥				
	White			Mixed		
	British			White and Black Carib	bean	
	Irish			White and Black Africa	an	
	Traveller or Irish herita	ge		White and Asian		
	Gypsy / Roma			Any other mixed back	ground	
	Any other white back	round		Asian or Asian British		
	Albanian			Indian		
	Bosnian-Herzegovinian			Pakistani		
	Croatian			Bangladeshi		
	Greek / Greek Cypriot Kosovan		-	Any other Asian backg	round	
	Serbian			Black or British		
	Turkish / Turkish Cyprie	ot		Caribbean		
	Eastern European			African		
	Western European			Any other background		
	Any other white backg	round				
	Chinese			Any other ethnic back	ground	
	I do not wish an ethnic	backgro	und cate	gory to be recorded		





Section 5: Your child's medical information

octor's name:	
ame of practice:	
ractice address:	
	+
ostcode:	
ractice telephone number:	
lease use the box below to outline any specific medical issues. A medical form to record details w e sent to you, if necessary.	/ill
Click or tap here to enter text.	
	3

Please give details of any prescribed medicines your child needs to take during school time.

Click or tap here to enter text.	

Nailsea School does not employ a trained nurse to administer medications and will not accept liability for dispensing medicines. You will be asked to sign an indemnity form.



Section 6: Your child's current school details

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Date last attended, if not currently attending:

Reason for leaving or reasons for request of change of school:

Click or tap here to enter text.		
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If you are requesting a school transfer	because your child is experiencing	g difficulties, your child

must continue attending their current school until your application is resolved, as in some cases this can take time.

Section 7: Preferred School for your child

Name of	preferred	school:
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Please explain below, why Nailsea School is your preferred school:

Click or tap here to enter text.	Y

Details of any half, full or adoptive brother or sister attending Nailsea School:

Name of sibling:	Date of birth:	Current year group:
		R. C.



Section 8: Details of Parent / Carer making this application

Do you have parental responsibility for this child?

Yes	No

Applications should be made by the person with parental responsibility as the main carer for the child.

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	Married																							
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What is	s your relationship to th	is child?												
	Mother Foster parent		Father Carer		Step-parent Other (please state):									
Other p	persons <u>with parental re</u>	sponsibilit	<u>y</u> not living witl	h the stu	ident									
Title:	Mr Other (please state):		Mrs	7	Ms 🗆	Miss								
First nam	ne:													
2			-7											
Sumama														
Surname														
Address:		1												
		1												
Postcode														
Contact	number/s:													
		1.1												
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2														
What is	s the relationship to this	child?												
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	Mother Foster parent		ather Carer		Step-parent Other (please state):									
Other o	contacts not listed above													
Title:														
	Mr		Virs		Ms 🗆	Miss								
	Other (please state):													
First nam	ne:	-												
Surname														



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