

Changing Secondary School Form

In Year Application

|  |  |
| --- | --- |
| Section 1: Reason for your application – please complete one form per child.  Please complete in block capitals with black ink or tick the appropriate box. | |
|  | Please tick  |
| 1. Moved into North Somerset |  |
| 2. Moving out of catchment within the North Somerset area |  |
| 3. Not moving, but requesting a new school |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 2: Your child’s details | | | | |
| Child’s legal Surname:  As it appears on birth or adoption certificate |  | | Male | Female |
| Child’s Legal Forename:  As it appears on birth or adoption certificate |  | | Date of birth |  |
| Current Year  Group |  |
| Child’s current home address: |  | | | |
| Postcode |  | This must be supplied so we can process your  application | | |
| If the child / family is moving house, please give the  proposed new address: |  | | | |
| Postcode: |  | This must be supplied so we can process your  application | | |
| Anticipated date of house  move: |  | | | |
| 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 child in care of a local authority: | | | Yes | No |
| Has the child previously been in the care of a local authority but has since been adopted (or become subject to a residence order or special  guardianship order)? | | | Yes | No |
| Is the child a young carer? Please give details. | | | Yes | No |
| If yes to any of the above questions please include in this box the names and contact details of any outside agencies currently involved with this child, for example Social Worker; CAMHS; Behaviour Support, Local Support Team or similar and attach a letter of support if applicable.  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? | | | Yes | No |
| Are / were there any attendance related difficulties at this or any other school? Please give details.  Our expectation is that the student should have 95% attendance. | | | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| Does your child have an Educational healthcare plan? (EHCP) or are on the SEND register? | Please provide documentation if yes. | Yes | No |
| Does your child use English as an additional language? | This means their first language or home language is not English | Yes | No |
| If so, please state your child’s first language/s |  | | |

|  |  |
| --- | --- |
| Section 3: Your child’s current school details | |
| Name and address of current school or last school attended: |  |
| Date last attended if not currently attending: |  |
| Reason for leaving or reasons for request of change of school: | |
| If you are requesting a school transfer because your child is experiencing difficulties, your child must continue attending  their current school until your application is resolved, as in some cases this can take time. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 4: Preferred School for your child | | | | |
| Name of Preferred School: | | Nailsea School | | |
| Please state below, detailed reasons why Nailsea School is your preferred school. | | | | |
| Details of any half, full or adoptive brother or sister attending Nailsea School | Name of sibling: | | Date of  birth: | Current Year  Group: |
|  | |  |  |
|  | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section 5: Details of Parent / Carer making this application | | | | | |
| Parent / carer address including postcode at time of application | | | | | |
| Title: | Surname: | Forename: | Address: | | |
|  |  |  |  | | |
|  |  |  |  | | Postcode: |
| Daytime telephone number:  A contact number is essential | | | | Mobile number:  A contact number is essential | |
| Email address: | |  | | | |

I certify that the information I have provided is true to the best of my knowledge, and understand that any false or deliberately misleading information provided on this form and / or supporting papers may render this application invalid and could lead to the withdrawal of an offer of a school place for my child. I also give my consent for the

relevant admitting authority to contact relevant agencies or my child’s current / previous school in order to validate this application.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed: |  | | | | Date: | |  | | |
| What is your relationship to this child:  Please tick  | | | | | | | | | |
| Mother: | | Father: | Step-Parent: | Foster Parent: | Relative: | | | Carer: | |
| Other:  Please state: | | | | | | | | | |
| Do you have parental responsibility for this child?  Applications are normally only considered if they are made by a person with parental responsibility as the main carer for the child. | | | | | | Yes | | | No |

Should more than one parent have legal responsibility for this child you have a duty to consult with that other person regarding this application. We expect parents to agree on school places before an application is made and you should ensure that this is the case. We are not in a position to intervene in parental disputes over school applications.

**Please return this application to: nailsch@nailseaschool.com or post to: Nailsea School, Mizzymead Road, Nailsea, Bristol, BS48 2HN**