

## Application for Admission for In Year Transfer 2024-2025

| PUPIL DETAILS   |             |              |   |                             |   |  |  |  |
|---|-------------|--------------|---|-----------------------------|---|--|--|--|
| Pupil's Legal Surname:  |             | Pupil's Lega | al Forename:                            | . N                         | liddle Name(s):                           |  |  |  |
|   |             |              |   |                             |   |  |  |  |
| Pupil's Preferred Surnar  | ne:         | Pupil's Pref | erred Forena                            | ıme:                        |   |  |  |  |
|   |             |              |   |                             |   |  |  |  |
|   |             |              |   |                             |   |  |  |  |
| Date of Birth - birth cert to   | be produced | Gender:      |   |                             | TWIN, please tick box and                 |  |  |  |
|   |             | Male:        | Female:                                 |                             | omplete an application form or each child |  |  |  |
| Tor each child  |             |              |   |                             |   |  |  |  |
| Pupil's Current Address   | 3           |              |   |                             |   |  |  |  |
|   |             |              |   |                             |   |  |  |  |
|   |             |              | • |                             |   |  |  |  |
|   |             |              |   | Pos                         | t Code                                    |  |  |  |
| Email Address   |             |              |   |                             |   |  |  |  |
| Zinan Address in in in in   |             |              |   |                             |   |  |  |  |
| Pupil's Proposed Addre  | ess         |              |   |                             |   |  |  |  |
|   |             |              |   | Contactable at this address |   |  |  |  |
| from:   |             |              |   |                             |   |  |  |  |
|   |             |              |   |                             |   |  |  |  |
| Post Code   | Post Code   |              |   |                             |   |  |  |  |
|   |             |              |   |                             |   |  |  |  |
| Pupil's present School  |             |              |   |                             |   |  |  |  |
| Date Admission Required: Year Group for Pupil to be admitted into:  |             |              |   |                             |   |  |  |  |
|   |             |              |   |                             |   |  |  |  |
| Year  |             |              |   |                             |   |  |  |  |
| SIBLING DETAILS: Please give full names and date of birth of any siblings who are attending the               |             |              |   |                             |   |  |  |  |
| preferred school that you are applying for (Sibling includes half-siblings, step-siblings and foster children |             |              |   |                             |   |  |  |  |
| living in the same househousehousehousehousehousehousehouse   | old.        |              |   |                             | Delette velste te                         |  |  |  |
| Sibling Legal Name  | Date o      | f Birth      | School                                  |                             | Relationship to<br>Applicant              |  |  |  |
|   |             |              |   |                             |   |  |  |  |
|   |             |              |   |                             |   |  |  |  |
| Dunilla Church Information  |             |              |   |                             |   |  |  |  |
| Pupil's Church Information Pupil's Present Parish/Church  |             |              |   |                             |   |  |  |  |
| Pupil's Place of Baptism  |             |              |   |                             |   |  |  |  |
| Baptism Certificate/Letter from Church leader enclosed Yes No   |             |              |   |                             |   |  |  |  |
|   |             |              |   |                             |   |  |  |  |

| ADDITIONAL LEARNING NEEDS   |              |             |
|---|--------------|-------------|
| Does the pupil have additional educational learning need is the pupil on one of the following stages of the SEN Code of |              | No<br>iles: |
| School Action   | Yes          | No          |
| School Action Plus  | Yes          | No          |
| Statement of Educational Needs  | Yes          | No          |
| Any processes/Investigations Ongoing  | Yes          | No          |
| Does the pupil have a disability or long term medical cor   | ndition? Yes | No          |
| Maria alla ana muorida hainf defette  |              |             |
| If yes, please provide brief details  |              |             |
| Does the pupil have any assessed emotional or behavior Conditions that impact on learning?                              | ural Yes     | No          |
| Does the pupil have any assessed emotional or behavior  | ural Yes     | No          |
| Does the pupil have any assessed emotional or behavior Conditions that impact on learning?                              |              | No          |

Please give reasons:

| INVOLVEMENT WITH OTHER    | R SERVICES: Please tick box | and provide contact details |
|---------------------------|-----------------------------|-----------------------------|
| below                     |                             |                             |
| Educational Psychologist  | Contact Name                | Tel. No.                    |
| EAL Support               | Contact Name                | Tel. No.                    |
| CAMHS                     | Contact Name                | Tel. No.                    |
| Behaviour Support Service | Contact Name                | Tel. No.                    |
| Hearing Support Service   | Contact Name                | Tel. No.                    |
| Visual Support Service    | Contact Name                | Tel. No.                    |
| Health Visitor            | Contact Name                | Tel. No.                    |
| Social Services           | Contact Name                | Tel. No.                    |
| Medical Consultant        | Contact Name                | Tel. No.                    |
| Youth Offending Service   | Contact Name                | Tel. No.                    |
| Other (Please specify):   | Contact Name                | Tel. No.                    |
| , , , , , ,               |                             |                             |

## **OTHER INFORMATION**

| Is the pupil "Looked After" (in th  | e care of   | a Local Authority) | or bee | n " <b>previously Looked</b> |  |  |  |  |
|---|-------------|--------------------|--------|------------------------------|--|--|--|--|
| After" (in the care of a Local Autl   | hority)?    | Yes                | No     |                              |  |  |  |  |
| Please give details of the placing Authority, Social Worker and Telephone Number:           |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
| Please state the pupil's first lange  |             |                    |        |                              |  |  |  |  |
| To which Authority do you pay yo  |             |                    |        | N.                           |  |  |  |  |
| Please indicate if the pupil is of:   | UK Ser      | vice Personnel     | Yes    | No                           |  |  |  |  |
|   | Travelle    | r Family           | Yes    | No                           |  |  |  |  |
|   | Refugee     | e/Asylum Seeker    | Yes    | No                           |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
| Please state in full your reasor (If reasons are not stated in full, t                      |             |                    |        | r request)                   |  |  |  |  |
|   |             |                    | -      |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
|   |             |                    |        |                              |  |  |  |  |
| Have you discussed your concerns/reason for requesting a transfer with your current         |             |                    |        |                              |  |  |  |  |
| Headteacher?  |             |                    |        |                              |  |  |  |  |
| Yes No  |             |                    |        |                              |  |  |  |  |
| Please note that this is an essential requirement and the Headteacher of the current school |             |                    |        |                              |  |  |  |  |
| is required to report on this conversation in his/her contribution of this form.            |             |                    |        |                              |  |  |  |  |
| Have you discussed your request for transfer with the Headteacher at your chosen school?    |             |                    |        |                              |  |  |  |  |
| Have you discussed your requ school?  | est for tra |                    |        | acher at your chosen         |  |  |  |  |

| Parental Information   |                        |  |  |  |  |
|--|------------------------|--|--|--|--|
| (In relation to a young person or child, the term "parent" includes any person who is not a parent, but who has parental responsibility or care of the child). |                        |  |  |  |  |
| Parent Name  | Parent Name            |  |  |  |  |
| Address:   | Address:               |  |  |  |  |
|  |                        |  |  |  |  |
|  |                        |  |  |  |  |
| Landline:  | Landline:              |  |  |  |  |
| Mobile:  | Mobile:                |  |  |  |  |
| Email address:   | Email address:         |  |  |  |  |
| Relationship to Pupil:   | Relationship to Pupil: |  |  |  |  |

## DECLARATION TO THE GOVERNING BODY OF BISHOP VAUGHAN CATHOLIC SCHOOL

I understand that the school is committed to the pursuit of high standards in all aspects of school life. The school philosophy is one of encouragement and reward. Nevertheless, I understand that a system of rules is necessary and that, if my child breaks school rules or behaves in an unacceptable manner, sanctions may be imposed.

|  | Signat | ture of | Parent | /Guard | lian: |
|--|--------|---------|--------|--------|-------|
|--|--------|---------|--------|--------|-------|

Date:

| Headteacher Section: To be completed by pupil's current or most recent school  |             |                   |            |                    |       |                 |                 |           |    |
|--|-------------|-------------------|------------|--------------------|-------|-----------------|-----------------|-----------|----|
| The Headteacher (or Head of Year) at the pupil's current or any previous schools attended <b>MUST</b> complete this section before we can process the application. The form needs to be stamped with the school stamp. Failure to gain completion of this section will delay the application being |             |                   |            |                    |       |                 |                 |           |    |
| processed.   |             | ·<br>             |            |                    |       |                 |                 |           |    |
| Pupil's Name:  |             |                   | Date o     | f B                | irth: |                 |                 |           |    |
| Present or Most Recent S   | chool:      |                   |            |                    |       |                 |                 |           |    |
|  |             |                   |            |                    |       |                 |                 |           |    |
| Does the pupil require any additional support or intervention in relation to any of the following? Please tick (If YES please include the most recent copy of IEP)   |             |                   |            |                    |       |                 |                 | ing?      |    |
| School Action  | Н           | earing Suppor     | t Service  | Service Visual     |       |                 |                 | t Service |    |
| School Action Plus   | Y           | outh Offending    | Service    | ervice EAL Support |       |                 |                 |           |    |
| Statemented  | В           | ehaviour Supp     | ort Serv   | ice                | s     | Educa           | ational P       | sychologi | st |
| Under Assessment   | C           | AHMS              |            |                    |       | Medic           | al Cons         | ultant    |    |
| Health Visitor   | С           | hild Protection   |            |                    |       | Child           | in Need         |           |    |
| Social Services Looked After Children Child Sexual Exploitation  |             |                   |            |                    | on    |                 |                 |           |    |
| Other (Please specify)   |             |                   |            |                    |       |                 |                 |           |    |
| Please give % attendance   |             | Current Acad      | lemic      |                    | %     | Numbe           |                 |           |    |
| and number of unauthoris or absences   | ed          | Year Previous Aca | s Acadomic |                    |       | Unauth<br>Numbe |                 | bsences   |    |
| Year   |             |                   | idelille   | % Unauthorised A   |       |                 | bsences         |           |    |
| [=   |             |                   |            | 1                  |       |                 |                 |           |    |
| Exclusion History Number of fixed Term Exclusions Total Number of Days   |             |                   |            |                    |       |                 |                 |           |    |
| Please give reasons and attach PSP if applicable   |             |                   |            |                    |       |                 |                 |           |    |
| Interactions with peers and staff  |             |                   |            |                    |       |                 |                 |           |    |
| 1/00   | 1/00        | Lavada            |            | _                  |       |                 |                 |           |    |
| KS2 Levels   |             | Levels            |            | CAT                |       | Non Verbal      |                 |           |    |
| English<br>Maths   | Eng<br>Matl |                   |            | Verbal             |       |                 | Non-Verbal Mean |           |    |
| Science  | Scie        |                   | Qu         | Quantative         |       |                 | INICALI         |           |    |
| JUICTIOG   | Jour        | 1100              |            |                    |       |                 |                 |           |    |
| Proposed GCSE courses  | s – if a    | applicable        |            |                    |       |                 |                 |           |    |
|  |             |                   |            |                    |       |                 |                 |           |    |

| this change of school would be detrimental to the pupil in any w |       |
|--|-------|
|  |       |
|  |       |
| Name:  |       |
| Position Held:   |       |
| Signed:  | Date: |
|  |       |
| School Stamp:  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |