



In Year Day Application Years 7-10

PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM

This form should be used by parents/carers requesting transfers between schools during the school year. You must complete a separate application for each child.

All relevant sections of the form **must** be completed as fully as possible or the form will be returned to you.

Applications will be processed in strict date order and a decision will be notified in **writing** to the applicant.

This form can be made available in large type upon request.

Submitting your application form:

When you are satisfied that you have provided all the relevant information on your application form and any necessary Supplementary Information Form(s) **including proof of address**, please ensure that you have signed the declaration in Part 7 and then submit your completed application to:

Admissions Registrar
Sexey's School
Cole Road
Bruton
Somerset
BA10 0PT

Or by email to admissions@sexeyes.somerset.sch.uk

Part 1 – Reason for your application

Please tick the relevant box

- 1. Moving into Somerset
- 2. Moving within Somerset
- 4. Not moving but wanting to change school

What is your preferred start date? _____

It will not always be possible to provide a place at Sexey's School, therefore you are encouraged to arrange a meeting with the Headteacher before completing this form.

Part 2 - Pupil Details

Child's Legal Surname:

Child's Forename(s):

Date of Birth:

Male/Female (*please circle*)

Current Address:	(If applicable) Address moving to:
Date since	Date of moving

Current/Previous School	If previous school, last date on roll
Address	

Part 3 - Applicant's Details

Title: Mr/Ms/Mrs/Miss/Other (please state)

Parent/Carer's Surname:

Parent/Carer's Forenames:

Relationship to child

Email Address

Address (if different from child's)	
Daytime Tel No	Mobile Tel No

Do you have Legal Parental Responsibility for this child?
(please circle).

Yes/No

Part 4 – Supporting Information

Your answers to the following questions are very important and the Admissions Authority will use this information in conjunction with the appropriate published over-subscription criteria to help determine whether your child has a priority for a place at Sexey’s School.

1a. Has your child previously been in care and is now formally adopted? **YES / NO**
(please circle).

1b. Is this application for a child currently in the care of a Local Authority? **YES / NO**
(please circle).

If **Yes**, which Local Authority?

Name of Social Worker

Contact Number

2a. Does your child have a Statement of Special Educational Needs (SEN) naming Sexey’s School.

Yes/No (please circle)

If **YES** please speak to the SEN Casework Team by contacting 0845 4564038. If your child does have a Statement of Special Educational Needs you do not need to complete this form.

2b. Does your child have any specific disability of which a school should be aware? If Yes, please supply any relevant information.

Yes/No (please circle)

3. Does your child hold EEA (European Economic Area) citizenship? **Yes/No**
(please circle)

If you have indicated No, please attach a copy of your child’s immigration documents.

4. Will there be any siblings on roll at Sexey’s School at the time the school place is required? The sibling(s) must be resident at the same address.

If **YES** please provide details of each sibling(s):

- | | |
|-----------------------------|----------------------|
| i) Child’s Legal Surname: | Child’s Forename(s): |
| ii) Child’s Legal Surname: | Child’s Forename(s): |
| iii) Child’s Legal Surname: | Child’s Forename(s): |

5. Fair Access Criteria – **please tick** if any of the following applies to your child. (Please note that ticking one of the boxes below does not guarantee a place at Sexey’s School. It will enable the Fair Access Protocol to be invoked should you be unable to secure a school place under the normal in year admission process)

a) Children from the criminal justice system or Pupil Referral Unit (PRU) or alternative provision who need to be reintegrated into mainstream education	
b) Children who have been out of education for two months or more	
c) Children of Gypsies, Roma, Travellers, refugees and asylum seekers	
d) Children who are homeless	
e) Children / family working with Children’s Social Care or Health professional	
f) Children who are carers	
g) Children with special educational need, disabilities or medical conditions (but without statement)	
h) Children known to the police or a number of other agencies	
i) Children who have to move school because of domestic violence (whether staying in a refuge or with friends/other relatives)	
j) Children in Year 6 and Year 10 pupils (from summer term)	
k) Children in Year 11	
l) Children of UK Service Personnel	
m) Any other children who arrive in Somerset outside the normal admissions round who have difficulty securing a place	
n) Children at risk of permanent exclusion from school	
o) Children whose behaviour is a cause for concern	
p) Children with poor attendance of 85% or less in the current or previous academic year	

Parts 5 and 6

<p><u>Important Information</u></p> <p>The information requested in Parts 5 and 6 will not be used to make the decision whether or not to offer your child a school place. This information is used solely for assisting Sexey’s School with planning for your child’s admission.</p> <p>Moving school for whatever reason is a very important decision to make.</p> <p>The Local Authority would strongly advise you to:</p> <ol style="list-style-type: none"> 1. Discuss the move with your child’s current school before taking the decision to transfer your child to another school. 2. Visit Sexey’s School before making an application <p>Part 5 to be completed by parent/carer Part 6 to be completed by current or previous school</p>
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Part 5 – Additional Information

Reason for Leaving

Permanently excluded Fixed term excluded Other (Please provide details)

Why do you want your child to change school? (Please give as much further information as you can, using a separate sheet if required.)

I have discussed my reasons for wanting to change school with my child's current school. Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide the name of the person(s) you have spoken to at your child's current school –
Date of any meetings –

Have any of the following services been involved with your child in the last 3 years? **YES / NO**

(please circle)

(Please tick all relevant boxes below)

- | | |
|---|---|
| Parent Family Support Advisor (PFSA) <input type="checkbox"/> | Access Liaison Officer <input type="checkbox"/> |
| Medical tuition team <input type="checkbox"/> | Educational Psychologist <input type="checkbox"/> |
| Children's Social Care <input type="checkbox"/> | Child and Adolescent Mental Health Service <input type="checkbox"/> |
| Behaviour Support Worker <input type="checkbox"/> | Physical Impairment Team <input type="checkbox"/> |
| Elective Home Education Team <input type="checkbox"/> | Traveller Education Service <input type="checkbox"/> |
| Safeguarding Children Team <input type="checkbox"/> | |
| Speech, Language and Communication Team, Autism Team <input type="checkbox"/> | |
| Children's Autism Outreach Team <input type="checkbox"/> | |

Other – (Please specify) _____

Is your child attending school regularly? Yes No

If no is an Education Attendance Officer involved? Yes No

If your child is not attending regularly, please state why.

Part 6 – Information for your child’s current or previous school to complete

In Year Admissions Additional Information

Please ask an appropriate member of staff at your child’s current school, for example the Headteacher or Head of Year to complete and sign this form. You must return this section with your application form.

Pupil’s Name	Date of Birth
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Attendance %	Period covered
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Special Needs *(please circle either Yes or No in the boxes below)*

School Action	Yes	No	School Action Plus/pupil specific funding	Yes	No
Individual Education Plan or Pastoral Support Plan	Yes	No	Statement	Yes	No

Agencies involved –

N.C. SATS Levels	Maths	English	Science
KS1			
KS2			
KS3			

CATS Score	Verbal	Non Verbal	Quantitative	Mean
Options for Y10/11students				

Student Strengths/Interests/Achievements

Is the student – please indicate based on the student’s last progress report

Academically confident	YES	1	2	3	4	5	No
Stable peer relationships	YES	1	2	3	4	5	No
Well motivated	YES	1	2	3	4	5	No
Behaviour	YES	1	2	3	4	5	No

Medical history / concerns

Other relevant information you would like to make the receiving school aware of:

Print name:
Position in school:

Signature:

Part 7 - Declaration

I understand that applications must be made by the child's legal parent/carer and that by signing the declaration below I will be confirming my understanding of the information provided to Sexey's School on this application form and that the information I have provided is correct. I accept that Sexey's School reserves the right to withdraw school places which have been obtained by providing incorrect or misleading information.

I understand that it is the parent's responsibility to ensure that Sexey's School receives the completed application form safely. I note that it is recommended to send my application form by Special Delivery post, or obtain a proof of posting certificate, or a receipt from Sexey's School if my application is hand delivered.

I accept that where parents equally share parental responsibility and two applications are submitted for the same child, Sexey's School will require the parents to agree which application is to be considered and which should be withdrawn.

I accept that the child's home address must be the place where the child permanently resides for the majority of the time. This would normally be at the same address as the person who has Parental Responsibility for the child and is their main carer. Where the child spends equal amounts of time with both carers, Sexey's School will consider the place of residence of the parent/carer who receives Child Benefit to be the child's home. Evidence of parental responsibility will be required should there be doubt and the Admissions Authority may undertake thorough residency checks and reserves the right to request independent confirmation of the child's address.

Signature of
Parent/Carer/Guardian:

Date

:

Data Protection Act

Your personal data will be held and used by Sexey's School, in accordance with the Data Protection Act 1988. By signing this form you are giving your consent for this information to be shared.

The information that you give on this form and any supplementary information you submit will be used by Sexey's School for the purpose of processing your application for a school place for your child. Some of the information may be shared with other schools and academies. Information will also be disclosed to Somerset County Council.

Sexey's School will not disclose this information to any unauthorised person or body, however, this information may be used by Sexey's School to:

- **Help improve services**
- **Deal with complaints and comments**
- **Prevent and detect fraud or crime**

Part 8 – Submitting your application form

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