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| **In Year Day Application**  **Years 7-11** |

**CONFIDENTIAL – IN YEAR DAY APPLICATION**

**(Years 7 – 11)**

**PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM**

Parents/carers requesting transfers between schools during the school year can complete this form. **Please do not complete this form if your child has an Education Health and Care Plan**, instead a change of school will need to be discussed with the Special Educational Needs Casework Team by contacting 0300 123 2224.

Please note that a separate application for each school and each child must be completed.

It will not always be possible to provide a place at your preferred school. It is therefore recommended that you complete applications for several schools.

All relevant sections of the form **must** be completed, and the form **must** be signed by the applicant or the form will be returned to you and will not be processed until a completed form is received.

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

Submitting your application form:

Admissions Officer,

Sexey’s School,

Cole Road,

Bruton,

Somerset,

BA10 0DF

Or by email to [admissions@sexeys.somerset.sch.uk](mailto:admissions@sexeys.somerset.sch.uk)

**APPLICATION FOR A SCHOOL PLACE DURING THE ACADEMIC YEAR**

**Part 2 – Student details**

|  |  |  |
| --- | --- | --- |
| **Forename(s)** | | **Legal surname** |
| **Date of Birth** | **Current/Previous School (including address)** | |
| **Male  Female ** | **Last date on roll:** | |
| **Current Address** | | **New address if moving (Proof of address required)** |
| **Date since** | | **Date moving** |

**Part 3 – Preferred school and start date** (Local Authority schools accept applications half a term or 6 weeks in advance. Service families may apply up to a year in advance with proof of posting to the area)

|  |  |  |
| --- | --- | --- |
| **School applying for** | **Preferred start date** (maximum 6 weeks/half a term in advance) |  |

Have you previously applied for a place at this school? **YES / NO** *(please circle)*

**Please note:** Local Authority schools will not consider more than one application for the same school within the same academic year unless there has been a significant material change, such as a change of address.

**Part 1 – Reason for your application** (Please tick the relevant box)

|  |  |  |
| --- | --- | --- |
| 1. Moving into Somerset |  | **Proof of address must be included; such as a signed exchange of contract on a house purchase. If renting a minimum of six months tenancy agreement signed by applicant and landlord. Additional evidence may be required.** |
| 1. Moving within Somerset |  |
| 1. Moving to work at the Hinkley Point site |  |
|  |  |  |
| 1. Not moving but wanting to change school |  |  |

# Part 5 – Information relating to common oversubscription criteria (Please tick the relevant box)

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| Children Looked After– Children who are in the care of a Local Authority or have previously been and are now formally adopted or subject to a residence/child arrangement order or special guardianship order. Children who appear (to the admission authority) to have been in state care outside of England and ceased to be in state care as a result of being adopted. | |
| Is this application for a child currently in the care of a Local Authority **Yes  No ** | |
| If you ticked **Yes**, which Local Authority is responsible for the care of the child |  |
| Name of Social Worker |  |
| Telephone number of Social Worker |  |
| Has your child previously been in care and is now formally adopted, subject to a residence/child arrangement order or a special guardianship order  **Yes  No **  If you ticked **Yes**, please provide a copy of the adoption order/letter of confirmation from the relevant LA | |
| If you have answered **Yes** to either of the questions above, has the Virtual School been consulted about  a change of school **Yes  No **  If you ticked **No,** please send a copy of this application form to thevirtualschool@somerset.gov.uk before submitting this form to the preferred school. | |
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| Does your child have any Special Educational Need or Disability **Yes  No ** |
| Does your child have an Education Health and Care Plan **Yes  No **  If your child has an Education Health and Care Plan, the in year admissions process does not apply. Therefore if you ticked **Yes** please do not complete anymore of this form and instead speak to the SEN Casework Team by contacting 0300 123 2224. |
| If your child does not have an Education Health and Care Plan, but you believe there are important medical or special reasons why a place should be prioritised at the school, please detail this later in the form or by suppling additional documentation |
|  |
| Are you involved with the life and worship of a church **Yes  No ** |

|  |  |
| --- | --- |
| If you ticked **Yes**, please provide details of your Priest/Minister/Leader and explain the relationship on the appropriate ‘Faith’ Supplementary Information Form. | |
| Is your child baptised/christened  **Yes No ** | If you ticked **Yes**, in which denomination |
| If you are applying for a Catholic school, please view the oversubscription criteria of the school to see what evidence is required. If you are including a copy of a Baptism or Christening certificate, please tick here to confirm this has been included with the application **** | |

**Part 4 - Applicant details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you hold legal Parental Responsibility for this child Yes  No ** | | | **Relationship to child** |
| **Title**  Mr/ Ms/ Mrs/ Miss | Other (please state) | **Full name** | |
| **Address (if different from child’s)** | | **Mobile/daytime telephone number** | |
| **Email address** | |

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| Are either parents/carers members of staff at the school being applied for **Yes  No ** |

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| **Will there be any siblings on roll at the school you are applying for at the time the school place is required** (The sibling(s) must be resident at the same address) **Yes ** **No ** |

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| --- | --- | --- |
| **Full name** | | **Male  Female ** |
| **Date of Birth** | **School allocated/attending** | | |

|  |  |  |
| --- | --- | --- |
| **Full name** | | **Male  Female ** |
| **Date of Birth** | **School allocated/attending** | | |

**Fair Access Criteria**

Please tick all boxes that apply to your application/child.

(Please note that ticking any of the boxes below does not guarantee a place at your preferred school. It will enable the Somerset 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 Units or alternative provision who need to be reintegrated into mainstream education | **** |
| **B** | Children who have been out of education for four or more weeks where it can be demonstrated that there are no places available at any school within the relevant statutory walking distances.  (Does not include children registered as Elective home educated) | **** |
| **C** | Children of Gypsies, Roma, Travellers, refugees and asylum seekers | **** |
| **D** | Children who are homeless | **** |
| **E** | Children for whom a place has not been sought due to exceptional circumstances | **** |
| **F** | Children who are carers | **** |
| **G** | Children with special educational needs, disabilities, or medical conditions but who do not have an Education Health and Care Plan | **** |
| **H** | Children living in a refuge or in safe accommodation at the point of being referred to the Protocol | **** |
| **I** | Children with a Child in Need Plan or a Child Protection Plan at the point of being referred to the Protocol | **** |
| **J** | Children who have been refused a school place on the grounds of their challenging behaviour and referred to the Protocol | **** |
| **K** | Children known to the police and a number of other agencies, e.g. county lines involvement | **** |
| **L** | Year 6 or Year 10 students admitted from the summer term (after Easter holidays) | **** |
| **M** | Year 11 students | **** |
| **N** | Children moving between Somerset schools who are at risk of permanent exclusion | **** |
| **O** | Children with poor attendance of 85% or less in the current or previous academic year | **** |
| **P** | Children who have been permanently excluded from school but are deemed suitable for mainstream education | **** |

**Part 6 - 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 on this application form and that the information I have provided is correct. **I accept that the Admission Authority 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 the Admission Authority receives the completed application form safely. I note that if posting my application it is recommended to send this by Special Delivery post, or obtain a proof of posting certificate, or a receipt from a County Hall Reception desk if my application is hand delivered.

I accept that where parents equally share parental responsibility and two applications are submitted for the same child, the Admission Authority will require the parents to agree which application is to be considered and which should be withdrawn. If parents cannot agree and there is no court order to determine majority responsibility, the preferences indicated by the parent who receives child benefit for the child concerned will be awarded a higher priority than those from the other parent.

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, the Admissions Authority 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 any doubt and the Admissions Authority may undertake thorough residency checks and reserves the right to request independent confirmation of the child's address.

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| **This form must be signed and dated for it to be processed, if it is not then it will be returned.** | |
| **Signature of parent/carer** | **Date** |
| **Part 7 – Submitting your application form**  When you are satisfied that you have provided all the relevant information on your application form including proof of address and any necessary Supplementary Information Form(s), please ensure that you have signed the declaration above in Part 6 and then submit your completed application to your preferred school or Somerset Local Authority. | |
| **Notification regarding the processing of any personal data supplied in this form**  **Data Controller:** Somerset County Council (SCC)  **DPO contact:** informationgovernance@somerset.gov.uk  **Purpose for processing:** The information that you give on this form will be used by the Council for the purpose of processing your application for a school place for your child.  **Legal basis for processing:** For parts 1 to 7: **By law:** The School Admissions Code 2014 which is statutory guidance for Local Authorities states that Local Authorities must provide a common application form that enables parents to express their preference for a place at any state funded school and Schedule 5 of the Deed of Development Consent. Obligations relating to Hinkley Point C, Somerset.  **Legitimate Interests:** For the prevention and detection of crime (Fraud Act 2006) and to help improve services. For part 8: Consent: we will only share your information with preferred schools if you indicate this, and you can withdraw your consent at any time.  **Data Sharing:** the personal data provided will be shared with early years settings, health authorities, schools, academies and free schools and may also be shared with other SCC service providers, the Department for Education, Somerset County Councils software supplier and School Appeal Panels. If you are applying for a school outside of Somerset it may be shared with other Local Authorities and schools and academies in their area. Data may be shared by schools with a private admissions provider. If you indicate you are moving to work at the Hinkley Point site; statistics will be shared with EDF Energy but no personal data will be shared. SCC will not disclose this information to any unauthorised person or body.  **Transfers abroad:** this data is held within the EU and is accessible by the approved application provider. **Data Retention:** The personal data supplied on this form will be retained for as long as is necessary to meet our statutory requirements and legitimate interests and it will be disposed of in a manner appropriate to its sensitivity. Your Rights: You have the right to ask Somerset County Council for a copy of your data, the right to rectify or erase your personal data, and the right to object to processing. However these rights are only applicable if the Council has no other legal obligation concerning that data. You also have the right to complain to the regulator, https://ico.org.uk/  **Consequences:** For parts 1 to 7: If you do not supply this information to us, we will not be able to process your application for a school place for your child.  For more information see [www.somerset.gov.uk/privacy](http://www.somerset.gov.uk/privacy)  This form can be made available in Braille or large type upon request. | |

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| **IMPORTANT INFORMATION**  Moving school for whatever reason is a very important decision. It is a decision which can have significant negative effects and disruption, not only academically for example where research has shown that English and Maths results for pupils within Key Stage 2 can drop by around 12% with just one in year move, but also with their mental health. Leaving a school midway through a term or year can disrupt friendships as well as relationships with school staff and the wider community. Children who change schools may struggle with the transition process and find it hard to settle in or feel that they belong in a new school environment. Multiple moves can be particularly challenging, but even single moves, especially when associated with other factors, such as changes within a family like divorce, poor parental mental health etc, can affect a child’s sense of belonging to a school as well as their confidence, self-esteem and attainment.  It is therefore suggested that a change of school is considered extremely carefully, and that all other options are explored before making the decision to apply for other schools.  The Local Authority would strongly advise you to:   * Discuss a potential move with your child’s current school before taking the decision to apply for your child to attend another school. * Visit or speak with all preferred schools before making applications. * If you are moving to the area, consider applying for more than one school at a time to speed up the possibility of securing a school place. * Submit an application form even if a school states they are full. All Local Authority schools have waiting lists and submitting an application for one of these schools will ensure your child is added to the waiting list for the school for the remainder of that academic year. Priority on the waiting list is determined by the schools oversubscription criteria.   The information requested in parts 8 and 9 is used solely for the purpose of identifying whether your child meets the criteria for consideration under the Somerset Fair Access Protocol and to assist the new school with planning for your child’s admission. If the information does not allow for the application to be considered under the Fair Access Protocol then the information will not be used to determine whether or not to offer your child a place.  **Your application will be neither advantaged nor disadvantaged by completing these parts.**  **There is no statutory requirement to complete parts 8 and 9 however we would encourage you to consider sharing information about your child in an attempt to ensure a successful transition.**  Part 8 is to be completed by parent/carer and part 9 to be completed by current or previous school wherever possible.   |  |  | | --- | --- | | By signing I understand that any information provided in psrts 8 and 9 will be shared with the school(s) for which I have submitted an application | | | **Signature of parent/carer** | **Date** |  |  |  | | --- | --- | | I give consent to the Admission Authority to obtain, on my behalf, the information contained in part 9, along with any other relevant information to establish if my application meets Somerset Fair Access Protocol | Tick to confirm consent **** | |
| **Part 8 – Additional Information**  The information you supply will not be used when determining the outcome of your application. This information will be used for the purpose of assisting a new school when planning your child’s admission or for identification under the Somerset Fair Access Protocol.   |  |  |  | | --- | --- | --- | | **Reason for leaving** | | | | Permanently excluded | Fixed term excluded  | Other (please provide details) | | **Why do you want your child to change school** (Please continue on a separate sheet if needed) | | | |  | | |   **Have you discussed the reasons for applying with your child’s current school Yes  No **   |  |  | | --- | --- | | **Who have you spoken with at your child’s current school** | **Date of meetings** |   **Have any of the services below supported your child in the last 3 years (Please tick all that apply)**   |  |  |  |  | | --- | --- | --- | --- | | **** | Parent Family Support Advisor (PFSA) | **** | Access Casework/Liaison Officer | | **** | Medical Tuition Services | **** | Educational Psychologist | | **** | Behaviour Support Worker | **** | Sensory, Physical and Occupational Therapy Service | | **** | Elective Home Education Services | **** | Traveller Education Service | | **** | Autism Service | **** | Speech, Language and Communication Services | | **** | Family Intervention Service | **** | Education Safeguarding/Attendance Service | | **** | Children’s Social Care | **** | Child and Adolescent Mental Health Service | | Other (Please specify) | | | |  |  |  | | --- | --- | | Is your child regularly attending school  **Yes  No ** | If you ticked **No**, is an Education Safeguarding Officer involved **Yes  No ** | | Please explain why your child is not regularly attending school | | | |

**Part 9 – Additional Information to be completed by your child’s current/previous school**

**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. Please note there is no statutory requirement to complete this section.**

The information you supply will be used for the purpose of assisting a new school when planning your child’s admission or for identification under the Somerset Fair Access Protocol.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student’s name** | | | | | | | **Date of birth** | | | | | **Year group** |
| Attendance  (%) | Period  covered | | | | | | Date started  at school | | | | | |
| Does the student have any special educational needs or disabilities  **Yes  No ** | | | | | | | | | | | | |
| Does the student have an Education health Care Plan  **Yes  No ** | | | | | | | | | | | | |
| Does the student have an Individual Education Plan or Pastoral Support Plan **Yes  No ** | | | | | | | | | | | | |
| What agencies, if any, are supporting the student or family | | | | | | | | | | | | |
| Academic levels | | Reading | | | Writing | | | | | Maths | | |
| Key Stage 1 or 2 | |
| Key Stage 3 | | English | | | Maths | | | | | Science | | |
| Key Stage 4 subjects and options, please add in examining board, options and expected or target score | | English | | | Maths | | | | | Science | | |
|  | | |  | | | | |  | | |
|  | |  | | |  | | | | |  | | |
| Student strengths/interests/achievements | | | | | | | | | | | | |
| Student medical history/concerns/requirements | | | | | | | | | | | | |
| **Is the student -** | | Yes/Outstanding | | **1** | | **2** | **3** | | **4** | | **5** | No/Poor |
| Academically confident | |  | |  |  | |  | |  |
| Has stable peer relationships | |  | |  |  | |  | |  |
| Well motivated | |  | |  |  | |  | |  |
| Behaviour | |  | |  |  | |  | |  |
| Any other important information or comments | | | | | | | | | | | | |
| Completed by | | | Position in school | | | | | Signature | | | | |