

# In Year School Application



Cambridgeshire  
County Council

Please complete a separate form for every child that requires a place

**Part 1 to be completed by applicant**

**Part 2 to be completed by child's current school**

**PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS**

## REASON FOR YOUR APPLICATIONS:

1. Moving into Cambridgeshire
2. Living in Cambridgeshire moving to another address
3. Not moving address but wishing to change schools in Cambridgeshire

**PART 1** Date you would like the school place from:

## Section 1. Your Child's details

Family Name:  Child's First Name(s):

Date of Birth:  Year Group:  Male  Female

Address where child usually lives

Postcode

If your child lives part time at another address, please provide details here :

Address:

Postcode

How is your child's time divided between the two addresses?

**Please note:** Evidence of the address, by way of a signed tenancy agreement, exchange of contract or a utility bill is required. Your application cannot be processed without this.

## Details of Your Child's Current School

Name of School

Address

Head Teacher

Form Teacher

Year Group

Telephone Number

Is your child currently attending this school? Yes  No   
 If **NO**, - What was the last date your child attended this school?  
 Please explain how your child is currently being educated

Has your child been the subject of a permanent or fixed term exclusion Yes  No

Does your child have any of the following:

- A Statement of Special Educational Needs Yes  No
- Support in school as part of an Individual Education Plan (IEP) or a Pastoral Support Programme (PSP) Yes  No
- A particular medical requirement which results in the need for specialist facilities or support Yes  No

Has your child previously attended a Special School Yes  No

Is this child in public care? Yes  No   
 If yes, this application should also be completed by the child's social worker.

**Section 2. Your Details**

Title: Mr/Mrs/Miss/Ms/Dr Initials: Surname:

Relationship to child:

Address( if different from child's address in section 1)

Contact Tel. No: Mobile Number:  
 Email address:  
 If you do not wish to receive your school offer by email please tick this box

**Other Adults with Parental Responsibility for the child**

Title: Mr/Mrs/Miss/Ms/Dr Initials: Surname:

Address( if different from child's address in section 1)

Contact Tel. No: Mobile Number:  
 Email address:

**Section 3. Brothers or Sisters**

If you have any other children living at the same address as the child in Section 1, please complete this section.

Name	Date of Birth	School
	2	

#### Section 4. House Moves

If you are moving into or within Cambridgeshire, please state the address to which you will be moving to and the anticipated moving date

Address:

Anticipated moving date:

**Please note: We cannot allocate a school place based on a new address until contracts have been exchanged and an anticipated completion date is known, or a lease agreement has been signed on a rented property. Evidence of this must be provided when you submit this form. Your application will not be processed without this.**

#### Section 5. APPLICATIONS FROM OUTSIDE THE UK / OR FOR CHILDREN WHO ARE ACCESSING EDUCATION IN THE UK FOR THE FIRST TIME

Nationality

Reason for being in the UK

Date of arrival in the UK

Length of stay in the UK

**Please note: Proof of the date of birth is required to determine the correct year group for the child to be placed in. This can be in the form of a photocopy of the child's passport or birth certificate. Your application will not be processed without this.**

#### Section 6 Your preferences for a School

If you want to apply for a place in a particular school, but you know the school is full, make sure you name it on this form anyway. This will ensure your details are added to any reserve list and you are informed of your right of review/appeal.

We strongly advise you to name your catchment area school as one of your preferences. If you choose a school other than the catchment area school or nearest school to your home address you will be responsible for the arrangements and cost of transport.

I wish my child to attend one of the following schools, in order of preference:

1<sup>st</sup> Preference

2nd Preference

3rd Preference

Please explain briefly the reasons for your preferences of school :

**Section 7. I have not moved but would like my child to attend a different school**

You must fill in this section if you have not moved, but would like your child to attend a different school.

**Why do you want your child to move school? Please give as much further information as you can to support your request, using a separate sheet if necessary.**

**Have you discussed the reasons for wanting to move your child to a different school with their current school? YES / NO**

**Who have you talked to at your child's present school?**

**Head**            **Year Head**            **None**     

**Deputy**            **Tutor/Class Teacher**

**Section 8 Declaration**

I understand that:

- Should my child be allocated a place at my preferred school, I will be responsible for transport to and from the school, unless the school is the catchment or designated school for my child’s home address and is beyond the statutory walking distance.
- I declare that the information contained in this form is both accurate and up-to-date.
- The information on this form will be held and used by Cambridgeshire County Council in accordance with the provisions of the Data Protection Act 1998 for the purposes of administration of school admissions. Cambridgeshire County Council will never sell or transfer your details to a third party for marketing purposes. I have a right to know what information is held about me. If I wish to access this information I should put this request in writing.
- If I am applying for a school in another Local Authority Area this form will be faxed to that Local Authority Admissions Team for processing.
- If I am applying for a school who are their own admission authority, i.e. a Foundation or Voluntary-Aided School, this form may be faxed to them.
- Where my child is transferring from another UK maintained school Part 2 of this application form will be faxed through to my child’s current school for further information, if not already completed. This will assist in a smooth admission to the new school.
- All adults with parental responsibility should sign this form if possible.
- I hereby give permission for the information on this form to be shared with the Parent Partnership Service, and other relevant officers, where appropriate.

**I confirm that I have:**

Signed the form	
Enclosed copy of proof of address	
Enclosed a copy of passport or birth certificate if required	
Named my child’s current school	
Named my preferred school(s)	
I am applying under religious criteria and have completed a Supplementary Information Form and returned it to the school	

Signed	Date
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Signed	Date
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## **Admission Team Office Hours**

**Monday to Thursday**  
**Friday**

8.45am – 5.20pm  
8.45am – 4.20pm

### **Contact Details:**

Admissions Team – 01223 699662  
[admissions@cambridgeshire.gov.uk](mailto:admissions@cambridgeshire.gov.uk)

Admissions Team  
Box No CC 1206  
Castle Court  
Shire Hall  
Cambridge  
CB3 0AP

If you would like this information on audio cassette or in Braille, large print or other languages, please contact 01223 699662.

**PART 2 This section should be completed by the Headteacher of your child's Current school**

**Pupil Name** \_\_\_\_\_ **School** \_\_\_\_\_

**Does your child have a CAF?** \_\_\_\_\_ **Yes / No**

**Attendance**

Attendance (%)		Period Covered	
Punctuality	Good <input type="checkbox"/> Average <input type="checkbox"/> poor <input type="checkbox"/>	EWO Involvement	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Special Needs**

School Action	Yes <input type="checkbox"/> No <input type="checkbox"/>	IEP	Yes <input type="checkbox"/> No <input type="checkbox"/>
School Action +	Yes <input type="checkbox"/> No <input type="checkbox"/>	Statement	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Other Agencies involved (please tick)**

Educational Psychologist		Social Worker	
In School Support/Specialist teacher		ESLAC	
Education Other than at School		Locality Team	

**Other Strategies**

PSP	
Fixed Term Exclusions	
Other	

**Discussion with the School**

Has the transfer requested been discussed with the school	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the school support the parent's request for transfer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would a transfer be detrimental to the child in any way	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please add any other comment you think we may find helpful overleaf.

To help this child's future school easily discuss the above with you please give below your full contact details. Thank you for your help in completing this form

Name		Tel No (inc extension)	
Email			
Signature		Date	

SCHOOL STAMP:

**Please add any other comments you think we may find helpful:**