APPLICATION FOR A SCHOOL PLACE DURING THE ACADEMIC YEAR



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.

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

	,		,				
Moving into Somerset			Proof of address must be included; such as a signed exchange of				
Moving within Somerset			contract on a house purchase. If renting a minimum of six months tenancy agreement signed by				
3. Moving to work at the Hinl	kley Point site		applicant and landlord. Additional evidence may be required.				
4. Not moving but wenting to	change						
Not moving but wanting to school	change						
Part 2 – Pupil details							
Forename(s)		Legal surna	Legal surname				
Date of Birth	Current/Previ	ous School (in	cluding address)				
		•	3				
Male Female	Last date on I	roll:					
Current Address			New address if moving (Proof of address				
		required)					
But							
Date since		Date moving					
Part 3 – Preferred school and	start date (Loc	cal Authority sch	nools accept applications half a term or 6				
		-	ince with proof of posting to the area)				
School applying for		Preferred start date					
		(maximum 6 weeks/half					
		a term in adv	rance)				
Have you previously applied for a r	laye 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 4 - Applicant details

Do you hold <u>legal Parental Responsibilit</u>			onsibil	ity	Relationship to child	
for this child	Yes		No [
Title	Other ((please	state)	Ful	II name	
Mr/ Ms/ Mrs/ Miss						
Address (if differe	ent from	child's	s)	Мо	bile/daytime telephone number	
				Fm	nail address	
					ian address	
Part 5 - Informati	on rela	ting to	comm	on c	oversubscription criteria (Please tick the relevant box)	
A 'Child In Care' is	a child v	vho is i	n the ca	re of	the Local Authority (LA) or provided with accommodation	
by that LA. If you a	are apply	ing on	behalf o	fa'C	Child In Care', please circle 'Yes' and obtain the signature	
of the Social Worke	er involve	ed in th	e child's	care	e.	
				e car	e of a Local Authority Yes Wo No W	
If you ticked Yes , we is responsible for the			-			
Name of Social Wo						
Telephone number	of Socia	al Work	er			
·				lian	our formally adopted authiost to a residence /shild	
Has your child previously been in care and is now formally adopted, subject to a residence/child						
arrangement order or a special guardianship order If you ticked Yes , please provide a copy of the adoption order/letter of confirmation from the relevant LA						
					tions above, has the Virtual School been consulted about	
a change of school					Yes No No	
If you ticked No , pl	ease ser				plication form to thevirtualschool@somerset.gov.uk before	
submitting this form	n to the p	preferre	d schoo	l.		
Does your child ha	ve any S	pecial	Education	onal I	Need or Disability Yes No No	
Does vour child ha	ve an Ec	lucation	n Health	and	Care Plan Yes No 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 form or by suppling					be prioritised at the school, please detail this later in the	
Tom or by dappining	addition	iai 400	arrioritat.			
Are you involved w						
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 baptise	ed/christ	ened	If you ti	cked	Yes, in which denomination	
Yes No No]					
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						

Are	either parents/care	rs members of staff at the	school being appli	ed for	Yes 🗖	No 🗖	
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							
Full	name			Male	☐ Female		
Date of Birth School allocated/attending							
Full	name			Male	☐ Female		
Date	e of Birth	School allocated/attend	ding				
Pleas (Pleas will e	se note that ticking nable the Somerse	t apply to your application, any of the boxes below do t Fair Access Protocol to n year admission process	oes not guarantee be invoked should	•	•		
В	Children from the criminal justice system or Pupil Referral Units or alternative provision who need to be reintegrated into mainstream education 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)						
С	•	es, Roma, Travellers, refu					
D	Children who are homeless						
Е	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						
Н	Children living in a refuge or in safe accommodation at the point of being referred to the Protocol					ne 🔲	
I	Children with a Child in Need Plan or a Child Protection Plan at the point of being referred to the Protocol					erred to	
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					ement	
L	Year 6 or Year 10 pupils admitted from the summer term (after Easter holidays)						
M	Year 11 pupils						
N		petween Somerset schools		•			
0	Children with poo	r attendance of 85% or les	ss in the current or	previous	academic yea	r 🔲	
Р	Children who hav mainstream educ	e been permanently exclu ation	ded from school bu	ut are de	emed suitable f	or	

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.

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

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

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:

- abla Discuss a potential move with your child's current school before taking the decision to apply for your child to attend another school.
- abla 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					
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					
:	Date , the prmation to				

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	s current school Yes 🔲 No 🔲						
Who have you spoken with at ye	our child's current school	Date of meetings						
_	·· -	st 3 years (Please tick all that apply)						
Parent Family Support Adviso	r (PFSA) Access Casev	vork/Liaison Officer						
Medical Tuition Services	Educational P	sychologist						
Behaviour Support Worker	Sensory, Phys	sical and Occupational Therapy Service						
Elective Home Education Serv	rices Traveller Educ	cation Service						
Autism Service	Speech, Lang	guage and Communication Services						
Family Intervention Service	Education Saf	eguarding/Attendance Service						
Children's Social Care	Child and Ado	elescent Mental Health Service						
		The second in the second secon						
Other (Please specify)								
Is your child regularly attending so	thool If you ticked No . is an F	Education Safeguarding Officer involved						
Yes No D	Yes No No							
Please explain why your child is n								
, ••								

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.

Pupils name					Date of	birth		Year group
Attendance	Period	1			Date st			
(%)	covered]	at schoo					
Does the pupil have any special educational needs or disabilities						Ye	es 🔲	No 🖵
Does the pupil have an Education health Care Plan						Ye	es 🔲	No 🔲
Does the pupil have a	n Individ	ual Education Plan	or Past	oral Supp	ort Plan	Ye	es 🔲	No 🔲
What agencies, if any	are sup	porting the pupil or	family					
A de orie levele		Dandin		VA/-::::			NA - (I	
Academic levels		Reading		Writing			Maths	
Key Stage 1 or 2				N A A B			<u> </u>	
Key Stage 3		English		Maths			Science	
		English		Maths			Science	
		9						
Key Stage 4 subjects								
options, please add in examining board, option								
expected or target sco								
-								
Pupil strengths/interes	sts/achiev	/ements						
. up. o. o. g. o,								
Pupil medical history/o	concorne	/requirements						
rupii medicai nistory/t	CONCERNS	requirements						
		I		· _	1 -	! _	<u> </u>	
Is the pupil -			1	2	3	4	5	
Academically confider		V (0						
Has stable peer relation	onsnips	Yes/Outstanding						No/Poor
Well motivated								
Behaviour								
Any other important information or comments								
Completed by		Position in so	chool		Q;	gnature		
Completed by		1 03111011 111 50	511001		ال	griature		