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| For office use only – child reference |       |

# Thurrock Council – in-year admissions

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to [thurrock.gov.uk/privacy](https://www.thurrock.gov.uk/privacy). Get free internet access at libraries and community hubs.

**If completing this form in pen, use black ink and write in BLOCK CAPITAL LETTERS.**

|  |  |
| --- | --- |
| Date transfer requested |    /    /      (dd/mm/yyyy) |

## Section 1 – pupil and parent or carer details

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil's surname |       | Pupil's first names |       |
| Date of birth |    /    /      (dd/mm/yyyy) | Gender | [ ]  Female [ ]  Male |

|  |
| --- |
| Names of parents or carers with parental responsibility |
| Title | Initials | Surname | Daytime phone number |
|       |       |       |       |
|       |       |       |       |

|  |  |
| --- | --- |
| Current address at time of application, including postcode |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Home phone |       | Email address |       |

|  |  |
| --- | --- |
| Council Tax reference number |       |
| Name of current school |       |
| Address of school, if outside Thurrock |       |

|  |  |
| --- | --- |
| Do you have parental responsibility for this child? | [ ]  Yes [ ]  No |
| Relationship to pupil |       |

|  |  |
| --- | --- |
| Is this child's parent or carer a Crown Servant?For example, in the armed forces | [ ]  Yes [ ]  No |
| Is this child part of a multiple birth? For example, a twin | [ ]  Yes [ ]  No |
| Does this child have an Education Health Care plan? | [ ]  Yes [ ]  No |
| Is this child 'looked after' by a local authority? | [ ]  Yes [ ]  No |
| Has this child previously been 'looked after' by a local authority? | [ ]  Yes [ ]  No |
| If 'Yes', which local authority? |       |

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## Section 2 – school preferences

Please nominate up to 4 primary or 6 secondary schools. Before completing this section you are advised to check with each school whether there are likely to be places available.

|  |  |  |  |
| --- | --- | --- | --- |
| Order of preference | Name of school | Child ofstaff member | Child offormer pupil |
| Preference 1 |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Preference 2 |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Preference 3 |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Preference 4 |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Preference 5 |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Preference 6 |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

If you have expressed a preference for a church or faith school, you will need to check with the school to see if you have to complete a supplementary information form (SIF).

## Section 3 – brothers and sisters

|  |
| --- |
| If your child has a brother or sister attending any school named in section 2, give details below. |
| Name | Gender | Date of birth | School attending |
|       | [ ]  F [ ]  M |    /    /      |       |
|       | [ ]  F [ ]  M |    /    /      |       |

## Section 4 – reasons for requesting an in-year admission

Tick one box below giving your reason for requesting an in-year admission:

[ ]  I/We have moved within the borough and would like to change to a more local school

[ ]  I/We have moved to Thurrock, either from another part of the country or from abroad

[ ]  I/We wish to move from home education to school education

[ ]  I/We wish to move from a fee-paying school to a state funded school

[ ]  I/We wish to change schools

[ ]  I/We have enclosed supporting evidence from a professional working with our child

|  |
| --- |
| Please read the admission criteria of the schools and give reasons below for your preference(s). |
|       |

|  |  |
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## Section 5 – exclusion from school

|  |  |
| --- | --- |
| Has your child ever been permanently excluded from a school? | [ ]  Yes [ ]  No |
| If 'Yes', please give details |       |

## Section 6 – consultation with current school

Please ask the head teacher of your child's current school to complete this section.

|  |  |
| --- | --- |
| Has the applicant discussed the move away from your school with you? | [ ]  Yes [ ]  No |
| Head teacher comments |       |
| Signature of head teacher |       | Date |       |

## Declaration

I confirm that:

* I have read the school admissions information at [www.thurrock.gov.uk/admissions](http://www.thurrock.gov.uk/admissions)
* I understand you may check my council tax record to verify the address I have given

|  |  |
| --- | --- |
| Name of parent or carer with parental responsibility |       |
| Signature of parent or carer |       | Date |       |

Please return the form to:
**School Admissions, Thurrock Council, Civic Offices, New Road, Grays, RM17 6SL**