

# 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](http://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)
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## Section 1 – pupil and parent or carer details

Pupil's surname		Pupil's first names	
Date of birth	/ / (dd/mm/yyyy)	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male

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

Current address at time of application, including postcode	
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Home phone		Email address	
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Council Tax reference number	
Name of current school	
Address of school, if outside Thurrock	

Do you have parental responsibility for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Relationship to pupil	
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Is this child's parent or carer a Crown Servant? For example, in the armed forces	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is this child part of a multiple birth? For example, a twin	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does this child have an Education Health Care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is this child 'looked after' by a local authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has this child previously been 'looked after' by a local authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 of staff member	Child of former pupil
Preference 1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preference 2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preference 3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preference 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preference 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preference 6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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
	<input type="checkbox"/> F <input type="checkbox"/> M	/ /	
	<input type="checkbox"/> F <input type="checkbox"/> 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).

## Section 5 – exclusion from school

Has your child ever been permanently excluded from a school?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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**