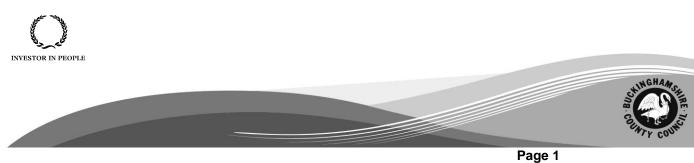
IN-YEAR APPLICATION FOR A BUCKINGHAMSHIRE (FRIETH CEC SCHOOL) PLACE

If your child holds a Education Health and Care Plan (EHC) or Statement of Special Educational Needs please contact <u>SEN@buckscc.gov.uk</u> for further information about moving school.

For more information please visit Bucks website www.buckscc.gov.uk/schooladmission

1. CHILD'S	5 DETAILS				
First			Legal		
Name(s)			surname		
Date of Birt	h	//	Male / Fe	male	Year Group:
Normal Hon	ne Address				
(The addres	s & postcode at				
	hild normally liv	es).			
	ıde address				
evidence.					
16		I. Mayo data	1 1		
	ome, please pro		/ /		
	me Address (Thess at which the	115			
	e). Please inclu	de			
address evi	,				
Name & add	dress of current	(or			
most recent) school/nurser	ý			
			left this scho	ol/nursery, ple	ase give last date of
Telenhone	number of school	attendance:	/ /		
relephone		7 1			
2. YOUR D					
	parents/carers li				
	address above (or with parental responsibility				
& living at an alternate address)					
Relationshi	Relationship to child				
	Email address (we will use this to acknowledge receipt of your application)				
Home/Dayti	Home/Daytime telephone number				
Alternative	Alternative telephone number (e.g. mobile)				



Please be aware of the Home to School Transport Policy when expressing preferences

3. YOUR SCHOOL PREFERENCES		
First preference school (name and postcode)		
Second preference school (name and postcode)		
Third preference school (name and postcode)		
Date admission required		
If transferring school within Buc	kinghamshire please tell us why you want to move school.	

4. SUPPORTING INFORMATI	ON
Does your child have any brothers or sisters attending your preferred or linked school(s)?	YES/NO If 'Yes' please give details of sibling's name, date of birth and school attending
Is your child a 'Looked After Child'? (For admission purposes, a "looked after child" is a child in care who is looked after by the LA, this includes a child who is accommodated, under a Care Order or Interim Care Order; OR a child who was previously looked after and immediately after being looked after became the subject of an adoption, residence or special guardianship order).	YES/NO If 'Yes' please tell us which local authority supports the child and give a social worker contact name and telephone number. Social Worker contact name: Telephone number: Local Authority:
Are you or your partner a serving member of the Armed Forces or a Crown Servant?	YES/NO If you are being posted to Buckinghamshire, please provide a copy of your posting order.
Does your child have exceptional medical or social reasons why he/she should attend a particular school?	YES/NO If 'Yes' please attach details, you will need to include written support from an appropriate professional person.

Exceptional Reasons: These will only be considered if evidence is provided. If you think your child has a disability as defined in the Equality Act 2010 and you have decided on your preferences with this in mind, and please give us more details. Add a separate sheet if necessary.

Is your child undergoing assessment for an Education Health and Care Plan (EHC)?	YES/ NO (delete as appropriate) If the answer above is 'Yes please indicate here which local authority is involved.

An EHC Plan is a document written by the local authority detailing the needs that a child has in learning at school, and the measures which the school will take to help them.

	rt in schoo	Int of Special Educational Needs or EHC Plan I for special needs. If so please give a brief been receiving	
Is your child currently or ever	Social Serv	vices □	
has been supported by other agencies? Please tick the	Education Welfare Officers for attendance issues □		
relevant boxes as appropriate, and provide any supporting	Educational Psychology service □		
professional evidence.	Paediatrician □		
	Child and Adult Mental Health Service □		
	Addaction		
	Youth Offe	nding Team □	
	Other □ pl	ease specify	
Disease weekle the sentest			
Please provide the contact details for any professionals so we can ensure that your child can be supported through their change of schooling by appropriate professionals			
		-10 VEC/NO	
Have you withdrawn your child from If 'yes' please tell us why:	om a schoo	ol? YES/NO	
Elect to home educate □			
House move □			
School suggested move □			
You are requesting a transfer □			
Other □ Please specify			
Has your child been permanently temporarily excluded from any of current or previous schools? If ye attach the exclusion history	his/her	YES/NO	

Please confirm which school(s) and give da	` '	•		
contact your child's current or previous sch	nool in order to pr	ocess this application.		
School(s)				
Date(s)				
Reason(s) for exclusion				
Neason(s) for exclusion	•••••			
5. CURRENT SCHOOL INFORMATION	I AND HEADTE	ACHER COMMENTS		
Name of Headteacher or Deputy	Child UPN	I certify that I have seen the		
Headteacher of current school (Applications		completed form and verify its content		
will not be accepted without agreement from one of the school staff listed)		Content		
		Signature		
Please provide attendance percentage				
		%		
Is this child currently receive Free School meals or are they classed as 'Ever 6'				
Headteacher/Deputy Headteacher comment	S - please include any	ything that you think may help make this		
move successful for the child				
6. PARENTAL DECLARATION				
I certify that I have parental responsibility for the				
the agreement of all parents/carers listed in sec in Section 3, which I have ranked in my order of		e an application to the schools listed		
•	•			
I confirm that the information I have provided is	s to the best of my	knowledge correct and up to date. I		

I confirm that the information I have provided is to the best of my knowledge correct and up to date. I understand if I give any false or deliberately misleading information on this form and/or supporting papers or withhold any relevant information, this may lead to the withdrawal of an offer of a school place for my child.

I hereby authorise the Council and/or any schools listed above to contact my child's current or previous school.

IMPORTANT NOTE: All sections of this form must be completed and all evidence attached as appropriate. Incomplete applications will be returned to the applicant and this will delay the processing of your application.

Signature of parent/carer:	
	Date: