

# Transfer to Junior School 2010-11



For office use
Ack
I.D. no.
Officer

Please contact us if you need this form in Braille, large type or another language.  
**You can apply online up to 4.30pm on 23 October 2009 by visiting [www.n-somerset.gov.uk/admissions](http://www.n-somerset.gov.uk/admissions)**

**Please remember to use your child's unique identification number.**

Alternatively remove and complete this form. You are advised to read the 'Time to apply' guide before completing the form (one for each child) in **BLOCK CAPITALS**.

If you have any queries or would like help completing the form, please contact the School Admissions and Transport Team on 01275 888 328. **Any information marked with \* must be provided.**

## Section one – child details

\*Surname: \_\_\_\_\_

\*First name(s): \_\_\_\_\_

You should enter your child's legal names as they appear on his/her birth certificate (or adoption certificate if applicable), unless all those with parental responsibility have agreed to the child's name being changed and you can include formal documentation to prove this.

\*Date of birth date: \_\_\_\_\_ month: \_\_\_\_\_ year: \_\_\_\_\_ \*Gender: male  female

\*Home address \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Present school \_\_\_\_\_

## Section two – preferences

Please enter the names, in **priority** order, of any **North Somerset JUNIOR School(s)** that you would like your child to attend.

My 1st preference is: \_\_\_\_\_ School

My 2nd preference is: \_\_\_\_\_ School

My 3rd preference is: \_\_\_\_\_ School

Whilst all admission authorities will have regard to the reasons for your school preferences, including religious, practical or philosophical ones, you should note that all allocations must be made in accordance with the agreed over-subscription criteria published in this parent guide. Giving reasons for your preference does not guarantee your child a place at your preferred school or mean that North Somerset Authority will deviate from the published admission policy. You do not have to name more than one preference.

Please tick any of the following reasons for your preference(s). You may tick as many reasons as you like.

Reasons:	1st preference	2nd preference	3rd preference
Distance from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older sibling in preferred school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or Faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends paired infant/first school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other reasons for any of your preferences (please specify for which school):**

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(Continue on separate sheet if necessary)

## **Section three**

**\*What is your relationship to the child? Are you his/her**

Mother  Father  Step-parent  Other  If 'Other' please give details \_\_\_\_\_

Applications are normally only considered if they are made by a person with parental responsibility for the child.

Do you have parental responsibility for and are you the main carer of the child for whom you are applying? Yes  No

If No you must attach an accompanying letter explaining the reasons why you are applying, rather than a person with parental responsibility. Any evidence to support the application should accompany the letter. The reasons will be considered by the Authority and if deemed acceptable, the application will be processed based on the information provided. If not deemed acceptable, the application will be returned for the signature of the person with parental responsibility for the child.

**Is the child in the care of a Local Authority?** Yes  No

'Children in Care' are children who are looked after by a Local Authority in accordance with Section 22 of the Children Act 1989(b). If you are applying on behalf of such a child, please tick the 'Yes' box and obtain the signature of the Social Worker involved in the child's care.

Name of Social Worker: \_\_\_\_\_

Signature of Social Worker: \_\_\_\_\_

Local Authority: \_\_\_\_\_

**Does the child have a Statement of Special Educational Needs?** Yes  No

If yes, this application will be processed by the Special Educational Needs Team.

## Section four – siblings

Please give details if you have an appropriate sibling link for any of your preferences.

Surname: \_\_\_\_\_

First name(s) of sibling: \_\_\_\_\_

Date of birth: date: \_\_\_\_\_ month: \_\_\_\_\_ year: \_\_\_\_\_ Gender: male  female

Current school: \_\_\_\_\_

Home address (if different to that in section one or five):  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Surname: \_\_\_\_\_

First name(s) of sibling: \_\_\_\_\_

Date of birth: date: \_\_\_\_\_ month: \_\_\_\_\_ year: \_\_\_\_\_ Gender: male  female

Current school: \_\_\_\_\_

Home address (if different to that in section one or five):  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

**Please supply details of any other appropriate sibling link on a separate sheet.**

## Section five – applicant details – details of adult responsible for applying for the school place for the child.

Title – Mr/Mrs/Ms/Miss/Other: \_\_\_\_\_

\*Surname/family name: \_\_\_\_\_

\*First name: \_\_\_\_\_ \*Gender: male  female

Home address (If different to section one or five):  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

For those moving house they will be considered from their proposed address if they are able to confirm independently by 4.30pm on 23 October 2009 that they will be moving to a new address before the start of the school year (see the 'Time to apply' guide).

Anticipated moving date: \_\_\_\_\_

Is the move due to the family moving to a new posting as Service or Crown Servant Personnel?

Yes  No

**Telephone** home: \_\_\_\_\_

work: \_\_\_\_\_

mobile: \_\_\_\_\_

**email** : \_\_\_\_\_

## Section six – declaration

### **Data Protection Act 1998**

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. The information will be shared with other council departments for the purpose of verifying the accuracy of the application and, if you are also applying for a school outside of North Somerset, with other local authorities and schools in their area. It may also be shared with pre-school providers and the relevant Health Trust.

I understand that by signing the declaration below I will be confirming that all details given above are to the best of my knowledge correct. I accept that the admission authorities reserve the right to withdraw the offer of a school place that has been obtained by providing fraudulent or intentionally misleading information.

Parents of children who regularly live at more than one address are reminded to read 'the Time to apply' guide to ensure they are the appropriate person to make the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the form, by 4.30pm on 23 October 2009 to be considered in the first round of allocations, to:**

North Somerset Council  
Children and Young People's Services  
School Admissions and Transport Team  
Walliscote Grove Road  
Town Hall  
Weston-super-Mare  
BS23 1UJ

**If you require confirmation that the North Somerset School Admissions Team has received your application, please provide a stamped addressed postcard.**