

**In-Year Transfer Application Form**

This application is for students wishing to apply for a transfer to **Desborough College.**

Prior to making an In-Year application, we would advise Parents/Carers to read the 'Guide to In-Year Admissions', which is available on the Royal Borough of Windsor & Maidenhead website: <https://www.rbwm.gov.uk/home/schools-and-education/school-admissions/changing-school-mid-year>

Any queries relating to your application should be directed to Ms Simran Bamrah at: admissions@desborough-college.net

|  |
| --- |
|  |

**Your child’s details Please fill in this form using black or blue ink and CAPITAL LETTERS** Surname:

|  |  |  |
| --- | --- | --- |
|  | Middle name: |  |

First name:

|  |
| --- |
|  |

If your child has been known by another name please enter it here:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Month | Year | Gender: | Female | Male |

Date of birth:

|  |  |
| --- | --- |
| Name: | Town: |

Most recent school:

Current School Year Group 7 8 9 10 11 Year group applying for …………….

(please circle) (if different)

Details (including dates) of all other schools attended

# Current Address details

|  |  |
| --- | --- |
| House name / number: |  |
| Street: |  |
| Town / Village: |  |
| County: | Postcode: |

Your child’s current address and postcode - *This must be your child’s current, permanent address. Any place gained using a fraudulent address will be withdrawn.*

# Parent/Carer details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Initial |  |  | Surname |  |

Title

|  |  |  |
| --- | --- | --- |
|  | Mobile Tel. No |  |

Home Tel. No.

|  |  |  |
| --- | --- | --- |
|  | Relationship to Child |  |

Email

**Additional details** Please tick the appropriate box below for each question

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your child have an Education, Health Care Plan (EHCP)? |  |  |
| Is your child in the care of the Local Authority? *(If yes, please attach documentary evidence)* |  |  |
| Has your child been absent for a total of more than 4 weeks in the last year? |  |  |
| Has your child ever been given a fixed term exclusion from a school? |  |  |
| Has your child ever been permanently excluded from a school? |  |  |
| Have you had contact with an Education Welfare Officer or Social Services? |  |  |

***\* If you have ticked ‘Yes’ for any of the above, please provide details (i.e. dates and reasons for exclusions /***

***absences and contact details of EWO’s/Social Workers) here:***

*Use and attach a separate sheet if required*

# Transfer Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | | |
|  | Yes |  | | |
|  | No |  |

When are you looking to transfer your child? (ASAP or Date)

Are you transferring schools due to a change of address? *(If yes, please provide details of your new address and your approximate move in date)*

|  |  |  |
| --- | --- | --- |
|  | No |  |

Are you requesting to transfer schools but not moving address? *(If yes, please*

Yes *state your reasons for transferring schools below)*

|  |
| --- |
|  |

If you are a Service family due to move into the area, please tick here. *(Please provide evidence of posting)*

|  |  |  |
| --- | --- | --- |
|  | No |  |

Does your child have a sibling (brother or sister – this includes half, adopted, or

foster sibling) attending the school currently? Yes

If you have ticked yes, please provide details below:

|  |  |  |
| --- | --- | --- |
|  | Name | Date of Birth |
| Sibling/s |  |  |

**Please use the box to note down your reasons for requesting an in-year transfer along with the reasons why you are applying for this school. Use this space to list any previous addresses and the dates of any planned move.**

# Declaration

* I declare that I have read and understood the online ‘Guide to In-Year Admissions’.
* I declare that all the information I have given on this form is correct.
* I declare that I have the agreement of all people with parental responsibility to make this application.
* If you deliberately give false information, you must expect that we will withdraw the offer of a school place.
* Data Protection Act 1998 – The personal information collected on this form will be passed to RBWM for the administration of school admissions. This information will only be used for the purposes of applying the relevant admissions policy. RBWM may also use this data in connection with the prevention or detection of other fraud or crime.
* The School is entitled to request further information to verify the details given on this form are correct.

|  |
| --- |
|  |

Your signature:

|  |
| --- |
|  |

Your full name:

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |

Date:

Please ensure that you have enclosed the following information:

1. A copy of your child’s Birth Certificate
2. Proof of your address i.e. recent utility bill, council tax statement, signed tenancy agreement
3. Evidence that you have completed the sale, or ceased rental, of your previous property (if you have moved address and your previous address was within commutable distance of this school)
4. Any Supplementary Information Form (SIF) required by the school.
5. If your child is not a British citizen or EEA national, a copy of their passport, VISA and any relevant Home Office documentation will be required. **Places cannot be offered until the child is resident in the UK.**

**Application forms will be returned if evidence is not provided.**

We advise that you keep a copy of the application form for your own reference.

If you require any assistance with completing this form please call the school on 01628 634505.