

For Office Use Only:

On EMS	Application Number	SEN	Student ID	Application Date	Status	HTP



## Request for a Primary School Place Mid-Year Transfer

**This application must not be used to request  
Birmingham, Dudley, Walsall or Wolverhampton  
schools**

Before submitting this form you **MUST** ensure you read the attached information. Once you have completed pages 3 to 5, hand the form to your child's current school. If your child is not attending a school please return the application form to;

Admissions and Appeals, Sandwell Council House, PO Box 16230, Freeth Street, Oldbury. B69 9EX. **Parent support line: 0121 569 6765**

**Please Note:** If you leave any sections blank or provide misleading information this will delay the processing of your application.

### Part 1 - To be completed by Parent/Carer

Please state (in order of preference) your preferred school(s).

1.
2.
3.

Child's First Name	Surname	Date of Birth	Year Group	Male/Female

Are any other names used by your child? If so please give details:

Name of adult with parental responsibility:

Relationship to child:

Your Home Address:

Post Code:

Does your child live with you at this address?

Yes ☐

No ☐

If "No" please provide the address where your child lives:

Name of person child lives with:

Relationship to child:

Your Telephone Contact Number:

Home:

Work:

Mobile:

Is your application because of a change of address?

Yes ☐

No ☐

Please provide your previous address

Is your child an asylum seeker/refugee?

Yes ☐

No ☐

If your child has arrived in Britain within the last 3 years please state month and year of entry.

Month

Year

Is your child in public care? (Looked after by the Local Authority)

Yes ☐

No ☐

Does your child have a brother or sister at any of your preferred schools?

Yes ☐

No ☐

If so, please give details:

Name(s):

School:

Date of Birth:

Does your child have a statement of Special Educational Needs (SEN)?

Yes ☐

No ☐

Do you consider that your child has a disability?

Yes ☐

No ☐

If you have included a school for religious reasons please state your religion.

If yes, please state the nature of the disability.

Name of your child's current/last school (including name of Local Authority if not Sandwell):

Is your child still attending this school regularly?

Yes ☐

No ☐

If "No" please indicate last day attended:

Has your child had any exclusion from any school?  
If Yes, please provide brief details of the exclusions:

Yes ☐ No ☐

School:	Date Excluded:	Reason:
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Please state why you are requesting a school place (if not because of a house move):

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Has your child's current school suggested you transfer your child? Yes ☐ No ☐

Please provide details of any contact you have had with your child's present/last school in order to resolve any difficulties:

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If you have had contact with the school, please give the date of the last school meeting:

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Did you attend: Yes ☐ No ☐

Please ✓ the box which most accurately reflects your reason for transfer

Asylum Seeker/Refugee	<input type="checkbox"/>	Issues with Other Parents	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	Medical Reasons	<input type="checkbox"/>
Child Care Difficulties	<input type="checkbox"/>	New to UK	<input type="checkbox"/>
Curriculum Issues (including quality of teaching)	<input type="checkbox"/>	New to Sandwell	<input type="checkbox"/>
Denominational (Religious) Reasons	<input type="checkbox"/>	Permanent Exclusion	<input type="checkbox"/>
Distance from Home	<input type="checkbox"/>	Sibling at the School	<input type="checkbox"/>
Domestic Problem	<input type="checkbox"/>	Traveller	<input type="checkbox"/>
House Move within Sandwell	<input type="checkbox"/>	Work Commitments	<input type="checkbox"/>

*Information from this form will be used for the purposes of administering school admissions. All information is regarded as confidential and the personal data collected via this form may be processed or disclosed only within the limits of the current data protection notification.. For further information please contact Admissions and Appeals – 0121-569 6765.*

Signature of Parent/Guardian:

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Date:

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**\*Now Take This Form to Your Child's Present School**

\*If applicable

They **MUST** complete pages 6,7 & 8.

## Part 2 - To be completed by your child's present school

**Note to School** – It is essential that all sections of this application are completed and returned to the address on the front of this form or emailed to the address on page 6 within 3 school days.

School Name:

Can you confirm that the information about the applicant is correct Yes ☐ No ☐

If no, please supply supporting evidence.

Unique Pupil Number Reference:

1. Please give any available information about the circumstances which have led to the parent's request.

2. Do you believe that a change of school would be in the best educational and social interests of the child?

Yes ☐

No ☐

3. Do you consider that this child is "Hard to Place" as set down in the Sandwell Fair Access Protocol?

Yes ☐

No ☐

(If yes, please complete Section 5)

4. Is the pupil on the Special Needs Code of Practice?

Yes ☐

No ☐

SEN Stage of Code of Practice

If School Action Plus please indicate if "Behaviour" or "Learning"

5. For pupils designated as "Hard to Place" please attach the following (if applicable):

Please tick if enclosed

- (a) Pupil incident log (including details of all fixed term exclusions in the last 12 months) ☐
- (b) IEP ☐
- (c) PSP ☐

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- (d) BSP ☐
- (e) Home/School Agreement ☐
- (f) Risk Assessment ☐
- (g) Attendance print out (please include print out for last full academic year as well as current year). ☐
- (h) Details of other strategies used

**6. Intervention by other agencies.**

Please give details of any intervention by the following agencies:

<b>Agency</b>	<b>Details</b> (please include contact details if applicable)	<b>Additional Papers Attached (please list)</b>
Inclusion Support EP BST SENAT L		
CAMHS		
Social Care		
YOT		
EWS		
LACE		
Other (Please give details)		

7. **Academic achievement/SATs Results**

Subject	Grade/SATs Level

**Please attach student attendance record**

Signature:

Designation

Date:


***The data entered onto this form can be used by the Council for the purpose of verifying electoral registration details.***

**Thank you very much for your co-operation.  
To enable the Local Authority to process this request  
without delay please return by first class post.**

**Email: [midyear\\_admissions@sandwell.gov.uk](mailto:midyear_admissions@sandwell.gov.uk)**