



**HOLYPORT
COLLEGE**

In-Year Transfer Application Form

Please ensure you read the Guide to In-Year Admissions before completing this application form. This guide is published online at: www.rbwm.gov.uk

| | |
|---------------|---|
| School | Holyport College Ascot Road Holyport Berkshire SL6 3LE |
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This application should be returned directly to the school listed above, along with any Supplementary Information Form (SIF) required by the school.

Your child's details

Please fill in this form using black or blue ink and CAPITAL LETTERS

Surname:

First name:

Middle name:

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

Date of birth:

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

Gender:

| | |
|--------|------|
| Female | Male |
|--------|------|

Most recent school:

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

Current Address details

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 Any place gained by using a fraudulent address will be withdrawn.*

House name / number:

Street:

Town / Village:

County:

Postcode:

Parent/Carer details

Mr/Mrs/Miss/Ms

Initial

Surname

Home Tel. No.

Mobile Tel. No.

Email

Relationship to Child

Additional details

Please tick the appropriate box below for each question

| | | | | |
|--|-----|--------------------------|----|-----------------------------|
| Does your child have a statement of special educational needs? <i>(If yes, please contact the RBWM SEN Department on 01628 796779)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is your child in the care of the Local Authority? <i>(If yes, please attach documentary evidence)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Has your child been absent for a total of more than 4 weeks in the last year? | Yes | <input type="checkbox"/> | * | No <input type="checkbox"/> |
| Has your child ever been given a fixed term exclusion from a school? | Yes | <input type="checkbox"/> | * | No <input type="checkbox"/> |
| Has your child ever been permanently excluded from a school? | Yes | <input type="checkbox"/> | * | No <input type="checkbox"/> |
| Have you had contact with an Education Welfare Officer or Social Services? | Yes | <input type="checkbox"/> | * | No <input type="checkbox"/> |

*** 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

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)* Yes No

Are you requesting to transfer schools but not moving address? *(If yes, please state your reasons for transferring schools below)* Yes No

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

Does your child have a sibling (brother or sister – this includes half, adopted, or foster sibling) attending the school currently? Yes No

If you have ticked yes, please provide details below:

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

Please use the box below 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.

Head teacher's Signature

If you are transferring from one RBWM to another RBWM school you must discuss the transfer with your child's current Head teacher and get this section signed by them. Forms will be returned if a signature is not provided.

Head teacher's signature:

Print Name: Date:

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.
- 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.

I enclose: a) **Proof of your address; i.e. recent utility bill, council tax statement, signed tenancy agreement (if I have never supplied proof previously to this school)**

Forms will be returned if evidence is not provided

b) **Evidence that I have completed the sale, or ceased rental, of my previous property (if I have moved address and my previous address was within commutable distance of this school)**

c) **Any Supplementary Information Form (SIF) required by the school**

Your signature:

Your full name:

Date:

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

Please send your completed form to the school to which you are applying

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 email admissions@holypportcollege.org.uk or for general advice please call the RBWM Customer Contact Centre on 01628 683870