



North Tyneside Council

# FORM B

This form is used only if the application for a transfer is for **any reason other** than moving house

## SCHOOL ADMISSIONS

### IN YEAR APPLICATION FORM

This form should be completed by North Tyneside residents when requesting a school place after the start of the Autumn Term in September and for year groups other than the first year of entry to a school.

**Please complete a separate form for each of your children.**

Please complete all of **Section A** below and sign the declaration on the last page

**Section B** must be completed by your child's current Headteacher

#### **SECTION A – To be completed by Parent/Carer**

I wish to make an application for my child to be admitted to a First, Primary, Middle, or High School.

**1. Preferred school:**

- In the space below please enter (in order of preference) the names of up to 3 schools which you would consider.
- You may include schools outside North Tyneside. If so please state which Local Authority the school comes under.
- It is recommended that you name more than one school and give reasons for your preferences below.
- If your preferred school is a Voluntary Aided School or Academy you may be asked to provide evidence to support your application.

1. First preference Name of school	Name of Local Authority
2. Second preference Name of school	Name of Local Authority
3. Third preference Name of school	Name of Local Authority

**2. Please state the date you wish your child to start** \_\_\_\_\_

**3. Please state the reason for your application**

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#### 4. PUPIL DETAILS

Surname of Child: .....  
First Name of Child: .....  
Date of Birth of Child: ..... Gender:.....

Parental Home Address: .....  
.....  
..... Postcode: .....

Daytime Contact Tel. Number: .....  
E-mail Address: .....

Please indicate your relationship to the child by ticking one of the following:

Mother  Father  Step-parent  Carer  Social Worker  Other

Name of child's current or previous school: .....

What is your child's first language.....

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

If Yes, please state which Local Authority: .....

Please give the name of the Social Worker: .....

Has the child previously been in care but immediately after being in care became subject to an adoption, child arrangements order or special guardianship order? Yes  No

If you tick Yes your application must be supported with documentary evidence i.e. adoption certificate

Does your child have a Statement of Special Educational Need or an Education Health and Care Plan?  Yes  No

Does your child receive additional support in school; if so please detail below what kind of support (this might be to support their learning, their behaviour or their health needs) Yes  No

Do you or your child receive any support for example from a Social Worker; a Family Support Worker or somebody from health; please give details below:

Has your child been permanently excluded from any school? Yes  No  If YES, please give details below:

Does this child have any siblings of school age? (see notes for definition of sibling) Yes  No

If yes, please provide names of siblings:..... DOB of Siblings: .....

Name of schools siblings attend: .....

5. Please list the name, address and date of any schools previously attended by the child you are making the application for (most recent first)

<i>Name of School/Nursery</i>	<i>Address/Local Authority</i>	<i>Dates attended</i>

6. Please list all previous addresses at which the child has lived and the relevant dates

<i>Address</i>	<i>Dates from and to</i>	<i>Local Authority</i>

Name of person completing this form (PLEASE PRINT) \_\_\_\_\_  
 Date form completed \_\_\_\_\_

**SECTION B – To be completed by current school**

**Section B must** be completed by the Headteacher of your child’s current or previous school

**(Please note your application may be delayed if Section B is not completed and signed by the Headteacher)**

<b>Date application form received from parent /carer</b>	
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**1: Additional Support**

Please tick the appropriate box below. For any boxes ticked please provide copies of the reports or provide relevant comments:

SUPPORT	Please tick relevant boxes		Comments
	Current	Historic	
Pupil Premium			
SEN Support (K)			
SEMH interventions			
EAL			
EHA			
School Support Team			
TRAX			
Silverdale outreach			
Education Psychologists			
CAHMS			
Locality Team			
Language and communication team			
Dyslexia Team			
Speech and language			
Harbour (Domestic Abuse support/refuge)			
ACORNS (Domestic abuse support)			
PROPS (substance misuse support)			
Mentor			
Other please give detail:			

Details of professionals currently working with the pupil/family:

Name	Designation	Contact details

**2: Attendance:**

Last academic year %		Current academic year %	
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Is the pupil currently attending school YES  NO

Have non attendance procedures been initiated through the EAPS YES (Date)  No

Additional Comments:

**3: Has the pupil been referred to the School Support Team in North Tyneside**

Yes (Date and reason for referral)  No

Has the pupil has previously been dual-educated either at Moorbridge PRU or Silverdale ARP YES (Dates) No

**4: Attainment and Progress**

Subjects	Qualification and Exam Board	Current Attainment	Subjects	Qualification and Exam Board	Current Attainment

**Please rate current academic progress:**

Excellent  Good  Fair  Varied  Limited

If progress is not good, please give reasons :


Diagnostic reading scores with date		Diagnostic maths scores with date	
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## 5: Exclusions

- How many fixed term exclusions in the last 2 academic years:
- Total number of days excluded from school:

Current Year: \_\_\_\_\_

Previous Year: \_\_\_\_\_

- Please provide details of fixed term exclusions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Is the student at risk of permanent exclusion? YES NO (please circle)
- Any other information that would be useful to a receiving school? YES NO – If yes please provide a comment:

## 6: Headteacher comments

Name of Headteacher:

Signature of Headteacher:

Date:

**Declaration - to be completed by parent/carer**

**Declaration:**

By submitting this application form I give permission to the Access Team, to collect and retain information about me for the purpose of processing my application for a school place. I understand that the Access Team and schools which are their own admission authority may check the information I have provided with other information held by North Tyneside Council to make sure that the information I have provided is correct and accurate. I also understand that if I have given false or inaccurate information, any school place that is offered will be withdrawn. North Tyneside is the Data Controller for the purposes of the Data Protection Act 1998.

**Full Name of Parent: (please print):** .....

**Signature:** .....

**Date:**

***Returning your application form***

**Please return this application to:**

**North Tyneside Council,  
Access Team,  
3rd Floor left,  
Quadrant East,  
Silverlink North,  
Cobalt Business Park,  
North Tyneside,  
NE27 0BY**

or email to [school.admissions@northtyneside.gov.uk](mailto:school.admissions@northtyneside.gov.uk)

**FOR OFFICE USE ONLY**

<b>DATE RECEIVED BY SCHOOL:</b>	<b>DATE RECEIVED BY LOCAL AUTHORITY:</b>
<b>ADDRESS VERIFIED:</b>	<b>YEAR GROUP:</b>
<b>CRITERIA:</b>	