



The Castle School

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APPLICATION FOR A SCHOOL PLACE DURING THE ACADEMIC YEAR

PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM

We strongly recommend making an appointment with the Headteacher's PA to visit the school before applying for a school place.

This form should be used by parents/carers requesting transfers between schools during the school year. You must complete a separate application for each child.

All relevant sections of the form **must** be completed as fully as possible or the form will be returned to you. There is a 4.00pm deadline for receipt of applications each working day. Applications will be processed in strict date order and a decision will be notified in **writing** to the applicant within ten school days.

Part 1 – Reason for your application

Please tick the relevant box

1. Moving into Somerset
2. Moving within Somerset
3. Moving to work at the Hinkley Point site
4. Not moving but wanting to change school
5. Moving out of Somerset

If moving into or within Somerset you must include proof of address such as exchange of contract letter from a solicitor or a 6 month tenancy agreement signed by yourself and landlord. Your application will not be processed without this.

Part 2 – Student Details

Child's Legal Surname: _____

Child's Forename(s): _____

Date of Birth: _____

Male/Female (please circle)

Current Address: _____

(If applicable) Address Moving To: _____

Post Code: _____

Post Code: _____

Current/Previous School: _____

(If previous school) Last Date Attended School: _____

Part 3 – Supporting Information

Your answers to the following questions are very important and will be used in conjunction with the appropriate published over-subscription criteria to help determine whether your child has a priority for a place at The Castle School.

a) Has your child previously been in care and is now formally adopted? YES/NO (please circle)

b) Is this application for a child currently in the care of a Local Authority? YES/NO (please circle)

If Yes, which Local Authority? _____

Name of Social Worker: _____

Contact Number: _____

c) Does your child have a Statement of Educational Needs (SEN)? YES/NO (please circle)

If Yes, please contact the school before submitting this form; you may not need to complete it.

If No, do you believe there are important medical or special needs reasons why a place should be allocated at The Castle School? (This does not guarantee a place but this information may need to be considered in connection with the published over-subscription criteria). YES/NO (please circle)

d) Does your child have any specific disability which the school should be aware of? YES/NO (please circle)

If Yes, please supply any relevant information.

e) Does your child hold EEA (European Economic Area) citizenship? YES/NO (please circle)

If No, please attach a copy of your child's immigration documents.

f) Will there be any sibling on roll at The Castle School at the time of this application? (Siblings must be living at the same address). YES/NO (please circle)

If Yes, please provide details:

Sibling's Legal Surname and Forename(s): _____

Date of Birth: _____ Male/Female (please circle)

Sibling's Legal Surname and Forename(s): _____

Date of Birth: _____ Male/Female (please circle)

g) Fair Access Criteria – please tick if any of the following apply to your child:	
A child from the criminal justice system or Pupil Referral Unit or alternative provision who needs to be reintegrated into mainstream education.	
A child who has been out of education for two months or more.	
A child of Gypsies, Roma, Travellers, refugees and asylum seekers.	
A child who is homeless.	
A child/family working with Children’s Social Care or Health Professional.	
A child who is a carer.	
A Child with special educational needs, disability or medical condition (with/without a Statement).	
A child known to the police or a number of other agencies.	
A child who has to move school because of domestic violence (whether staying in a refuge or with friends/relatives).	
A child in Year 10 (from the Summer Term).	
A child in Year 11.	
A child of UK Service Personnel.	
A child who arrives in Somerset outside of the normal admissions rounds who has difficulty security a place.	
A child at risk of permanent exclusion from school.	
A child whose behaviour is cause for concern.	
A child with poor attendance of 85% or less in the current or previous academic year.	

Part 4 – Applicant’s Details

Title: Mr/Mrs/Ms/Miss/Dr (please circle) Other: _____ (please state)

Parent/Carer’s Surname: _____ Forename: _____

Relationship to child: _____ Do you have legal Parental Responsibility for this child?
 _____ YES/NO (please circle)

Address (if different from your child’s):

 _____ Post Code: _____

Daytime Telephone Number: _____ Email address: _____

Part 5 – Declaration

I understand that applications must be made by the child's legal parent/carer and that by signing the declaration below I will be confirming my understanding of the information provided on this application form and that the information I have provided is correct. I accept that The Castle School reserves the right to withdraw school places which have been obtained by providing incorrect or misleading information.

I understand that it is the parent's responsibility to ensure that The Castle School receives the completed application form safely. I note that it is recommended to send my application form by Special Delivery post, or obtain a proof of posting certificate, or a receipt from The Castle School's Reception desk if my application is hand delivered.

I accept that where parents equally share parental responsibility and two applications are submitted for the same child, The Castle School will require the parents to agree which application is to be considered and which should be withdrawn. If parents cannot agree and there is no court order to determine majority responsibility, the application from the parent who receives child benefit for the child concerned will be awarded a higher priority than those from the other parent.

I accept that the child's home address must be the place where the child permanently resides for the majority of the time. This would normally be at the same address as the person who has parental responsibility for the child and is the main carer. Where the child spends equal amounts of time with both carers, The Castle School will consider the place of residence of the parent/carer who receives child benefit to be the child's home. Evidence of parental responsibility will be required should there be doubt and The Castle School will undertake thorough residency checks and reserves the right to request independent confirmation of the child's address.

Signature of Parent/Carer: _____ Date: _____

Part 6 – Submitting Your Application Form

When you are satisfied that you have provided all the relevant information on your application form including any necessary supplementary information, please ensure that you have signed the declaration in Part 5 and then submit your completed application to:

The Castle School, Wellington Road, Taunton, Somerset TA1 5AU

Parts 7 & 8

The information requested in parts 7 and 8 **will not** be used to make the decision whether or not to offer your child a school place. This information is used solely for the purpose of identifying whether your child meets the criteria for consideration under Fair Access and to assist the school with planning for your child's admission. You will be neither advantaged nor disadvantaged by completing these sections.

Moving school for whatever reason is a very important decision to make. We would strongly advise you to:

1. Discuss the move with your child's current school before taking the decision to transfer your child to another school.
2. Visit The Castle School before making an application.

Please tick the box if you would like The Castle School to obtain the information contained in part 8 from your child's current or previous school on your behalf.

Part 7 – Additional Information (To be completed by the parent/carer)

I have discussed my reasons for wanting to transfer schools with my child's current school. YES/NO (please circle)

Name of the person(s) you have spoken to at your child's current school:

Dates of meetings with your child's current school:

Why do you want your child to change school? (Please give as much information as possible, using a separate sheet if necessary).

Has your child been:

Permanently excluded? Excluded for a fixed term period? Other? (please provide details)

Have any of the following services been involved with your child in the last 3 years?
(Please tick all the relevant boxes)

Parent Family Support Advisor (PFSA)	<input type="checkbox"/>	Access Liaison Officer	<input type="checkbox"/>
Medical Tuition Team	<input type="checkbox"/>	Educational Psychologist	<input type="checkbox"/>
Children's Social Care	<input type="checkbox"/>	Child and Adolescent Mental Health Service (CAMS)	<input type="checkbox"/>
Behaviour Support Worker	<input type="checkbox"/>	Physical Impairment Team	<input type="checkbox"/>
Elective Home Education Team	<input type="checkbox"/>	Traveller Education Service	<input type="checkbox"/>
Safeguarding Children Team	<input type="checkbox"/>	Speech, Language and Communication Team	<input type="checkbox"/>
Autism Team	<input type="checkbox"/>	Children's Autism Outreach Team	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	_____	

Is your child attending school regularly? YES/NO (please circle)

If No, is an Education Attendance Officer involved? YES/NO (please circle)

If No, please state why not:

Part 8 – Additional Information (To be completed by your child’s current or previous school)

Please ask an appropriate member of staff at your child’s current or previous school, for example the Headteacher or Head of House/Head of Year, to complete and sign this form. You must return this section with your application form.

Student’s Name: _____ Date of Birth: _____

Attendance: _____ % from _____ to _____

Special Educational Needs: YES/NO (please circle). If Yes, please give details:

Agencies Involved: _____

SATS Levels: KS2 English _____ KS2 Maths _____ KS2 Science _____
 KS3 English _____ KS3 Maths _____ KS3 Science _____

CATS Scores:
 Verbal _____ Non-Verbal _____ Quantitative _____ Mean _____

Please grade the student on the scale 1-5:

Academically confident	YES	1	2	3	4	5	NO
Stable peer relationships	YES	1	2	3	4	5	NO
Well motivated	YES	1	2	3	4	5	NO
Well behaved	YES	1	2	3	4	5	NO

Student’s strengths/interests/achievements: _____

Concerns: _____

Other relevant information you would like to make the receiving school aware of: _____

Name of Member of Staff: _____ Signed: _____

Position in the School: _____ Date: _____