



# The Castle School

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## APPLICATION FOR A SCHOOL PLACE DURING THE ACADEMIC YEAR PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM

Parents/carers requesting transfers between schools during the school year can complete this form. **Please do not complete this form if your child has an Education Health and Care Plan**, instead a change of school will need to be discussed with the Special Educational Needs Casework Team by contacting 0300 123 2224.

Please note that a separate application for each school and each child must be completed.

All relevant sections of the form **must** be completed, and the form **must** be signed by the applicant or the form will be returned to you and will not be processed until a completed form is received.

The earliest you can apply for a school place is up to six weeks or half a term in advance of your preferred start date (Service families can apply up to a year in advance **with proof of posting** to the area). Please note that Governors will not consider more than one application for the same school within the same academic year unless there has been a significant material change.

Applications will be processed on a weekly basis and a decision will be notified in **writing or by email** to the applicant within ten school days.

The Admissions Authority (The Castle Partnership Trust) will not consider more than one application for the same school within the same academic year unless there has been a significant material change, such as a change of address.

Part 1 – Reason for your application	Please tick the relevant box	
1. Moving into Somerset	<input type="checkbox"/>	If moving into or within Somerset you <b>must</b> 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. Additional evidence may be required.
2. Moving within Somerset	<input type="checkbox"/>	
3. Moving to work at the Hinkley Point site	<input type="checkbox"/>	
4. Not moving but wanting to change school	<input type="checkbox"/>	

Part 2 – Student Details	
Child's Legal Surname:	Legal Forename:
Date of Birth:	Male/Female (please circle)
Current Address:	(If applicable) Address Moving To:

Current/Previous School: What is your preferred start date?:	Date of moving: Last Date Attended School:
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### 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 'Child In Care' is a child who is in the care of the Local Authority (LA) or provided with accommodation by that LA. If you are applying on behalf of a 'Child In Care', please circle 'Yes' and obtain the signature of the Social Worker involved in the child's care.

a) 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: \_\_\_\_\_

YES/NO (please circle)

b) Has your child previously been in care and is now formally adopted, subject to a residence/child arrangement order or a special guardianship order?

If Yes, please provide a copy of the adoption order/letter of confirmation.

If your child has an allocated social worker, has the Virtual School been consulted about a change of school? YES/NO (please circle)

If No, please send a copy of this application form to [thevirtualschool@somerset.gov.uk](mailto:thevirtualschool@somerset.gov.uk) before submitting this form to your preferred school.

c) Does your child have any Special Educational Need or Disability? YES/NO (please circle)

d) Does your child have an Education Health & Care Plan (EHCP)? YES/NO (please circle)

If your child has an EHCP, the in-year admissions process does not apply. Do not complete this form, but speak to the SEN Casework Team on 0300 123 2224.

If your child does **not** have an EHCP but you believe there are important medical or special needs reasons why a place should be prioritised at the school, please detail this later in the form or by supplying additional documentation.

e) Will there be any sibling on roll at the 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 Name:

Date of Birth:

Male/Female (please circle)

f) Are either of the student's parents/carers members of staff at the school YES/NO (please circle)  
being applied for?

g) **Fair Access Criteria** – please tick all boxes that apply to your child. Please note that ticking any of the boxes does not guarantee a place at the school. It will enable the Somerset Fair Access Protocol to be invoked should you be unable to secure a school place under the normal in-year admissions process).

Children either subject to a Child in Need Plan or a Child Protection Plan or having had a Child in Need Plan or a Child Protection Plan within 12 months at the point of being referred to the Protocol	
Children living in a refuge or in other relevant accommodation at the point of being referred to the Protocol	
Children from the criminal justice system	
Children in alternative provision who need to be reintegrated into mainstream education or who have been permanently excluded but are deemed suitable for mainstream education	
Children with special educational needs, disabilities or medical conditions (but without an Education, Health and Care Plan)	
Children who are carers	
Children who are homeless	
Children in formal kinship care arrangements (as evidenced by either a Child Arrangements Order not relating to either birth parent, or a Special Guardianship Order)	
Children of, or who are, Gypsies, Roma, Travellers, refugees and asylum seekers	
Children who have been refused a school place on the grounds of their challenging behaviour and referred to the Protocol	
Children for whom a place has not been sought due to exceptional circumstances	
Children who have been out of education for four or more weeks where it can be demonstrated that there are no places available at any school within a reasonable distance of their home. (Not including children registered as Elective Home Educated)	
Previously Looked After children for whom the local authority has been unable to promptly secure a school place	

#### 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):

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 Partnership Trust (the Trust) 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 Trust receives the completed application form safely. I note that if posting my application it is recommended to send this by Special Delivery post, or obtain a proof of posting certificate, or a receipt from the 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 Trust 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 preferences indicated by 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 their main carer. Where the child spends equal amounts of time with both carers, The Trust 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 any doubt and The Trust may 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.

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:

Date 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 Casework/Liaison Officer                    | <input type="checkbox"/> |
| Medical Tuition Services                  | <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"/> | Sensory, Physical and Occupational Therapy Service | <input type="checkbox"/> |
| Elective Home Education Services          | <input type="checkbox"/> | Traveller Education Service                        | <input type="checkbox"/> |
| Education Safeguarding/Attendance Service | <input type="checkbox"/> | Speech, Language and Communication Services        | <input type="checkbox"/> |
| Autism Service                            | <input type="checkbox"/> | Family Intervention Service                        | <input type="checkbox"/> |
| Other (please specify)                    |                          |  |                          |

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

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

If your child is not attending school regularly, please explain why:

**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.

The information you supply will be used for the purpose of assisting a new school when planning your child’s admission or for identification under the Somerset Fair Access Protocol.

<b>Student’s name</b>	<b>Date of birth</b>	<b>Year group</b>
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Attendance (%)	Period covered	Date started at school
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Does the student have any special educational needs or disabilities      Yes       No

Does the student have an Education health Care Plan      Yes       No

Does the student have an Individual Education Plan or Pastoral Support Plan      Yes       No

What agencies, if any, are supporting the pupil or family

Academic levels	Reading	Writing	Maths
Key Stage 1 or 2			
Key Stage 3	English	Maths	Science
Key Stage 4 subjects and options, please add in examining board, options and expected or target score	English	Maths	Science

Strengths/interests/achievements

Medical history/concerns/requirements

Is the pupil -	Yes/Outstanding	1	2	3	4	5	No/Poor
Academically confident							
Has stable peer relationships							
Well motivated							
Behaviour							

Any other important information or comments (including safeguarding information)

Completed by	Position in school	Signature
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## IMPORTANT INFORMATION

Moving school for whatever reason is a very important decision to make. It is a decision which can have significant negative effects and disruption, not only academically for example where research has shown that English and Maths results for pupils within Key Stage 2 can drop by around 12% with just one in year move, but also with their mental health. Leaving a school midway through a term or year can disrupt friendships as well as relationships with school staff and the wider community. Children who change schools may struggle with the transition process and find it hard to settle in or feel that they belong in a new school environment. Multiple moves can be particularly challenging, but even single moves, especially when associated with other factors, such as changes within a family like divorce, poor parental mental health etc, can affect a child's sense of belonging to a school as well as their confidence, self-esteem and attainment.

It is therefore suggested that a change of school is considered extremely carefully, and that all other options are explored before making the decision to apply for other schools.

We would strongly advise you to:

1. Discuss the move with your child's current school before taking the decision to apply for your child to attend another school.
2. Visit the school before making an application.
3. If you are moving to the area, consider applying for more than one school at the same time to speed up the possibility of securing a school place.

**Data Controller:** The Castle Partnership Trust

**DPO contact** – [dposchools@somerset.gov.uk](mailto:dposchools@somerset.gov.uk)

**Purpose for processing:** The information that you give on this form will be used by the Trust for the purpose of processing your application for a school place for your child.

**Legal basis for processing:** For sections 1 to 7: **By law:** The School Admissions Code 2014 which is statutory guidance for Local Authorities states that Local Authorities must provide a common application form that enables parents to express their preference for a place at any state funded school and Schedule 5 of the Deed of Development Consent Obligations relating to Hinkley Point C, Somerset.

**Legitimate Interests:** For the prevention and detection of crime (Fraud Act 2006) and to help improve services.

**Data Sharing** – the personal data provided will be shared with Somerset County Council and may also be shared with other SCC service providers, the Department for Education, Somerset County Councils software supplier and School Appeal Panels. If you are applying for a school outside Somerset it may be shared with other Local Authorities and schools and academies in their area. If you indicate you are moving to work at the Hinkley Point site statistics will be shared with EDF Energy but no personal data will be shared. The Trust will not disclose this information to any unauthorised person or body.

**Transfers abroad:** this data is held within the EU and is accessible by the approved application provider.

**Data Retention:** The personal data supplied on this form will be retained for as long as is necessary to meet our statutory requirements and legitimate interests and it will be disposed of in a manner appropriate to its sensitivity.

**Your Rights:** You have the right to ask The Trust to a copy of your data, the right to rectify or erase your personal data, and the right to object to processing. However, these rights are only applicable if the Trust has no other legal obligation concerning that data. You also have the right to complain to the regulator, <https://ico.org.uk/>

**Consequences:** For sections 1 to 7: If you do not supply this information to us, we will not be able to process your application for a school place for your child.

For more information see [www.somerset.gov.uk/privacy](http://www.somerset.gov.uk/privacy)