

**APPLICATION FOR A SCHOOL PLACE DURING THE ACADEMIC YEAR**

**PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM**

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. 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. 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.

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

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| **Part 1 – Reason for your application**  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 | Please tick the relevant box  🞏  🞏  🞏  🞏  🞏 | 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. |

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| **Part 2 – Student Details** |  | | |
| Child’s Legal Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Child’s Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Male/Female (please circle) | | |
| Current Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_ | (If applicable) Address Moving To:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_ | | |
| Current/Previous School:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is your preferred start date?: | Date if moving:  (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. | | | |
| 1. Has your child previously been in care and is now formally adopted? 2. Is this application for a child currently in the care of a Local Authority?   If Yes, which Local Authority? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Social Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | YES/NO (please circle)  YES/NO (please circle) |
| 1. Does your child have an Education Health & Care Plan or Statement of Educational Needs (SEN)?   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)  YES/NO (please circle) |
| 1. Does your child have any specific disability which the school should be aware of?   If Yes, please supply any relevant information. | | | YES/NO (please circle) |
| 1. 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).   If Yes, please provide details: | | | YES/NO (please circle) |
| 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)   1. Are either of the student’s parents members of staff at The Castle School? | | YES/NO (please circle) | |

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| 1. **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 (without an EHCP or 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. |  |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **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** |

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| **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. 🞏 |

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| **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) | 🞏 | Access Liaison Officer | | | 🞏 |
| Medical Tuition Team | 🞏 | Educational Psychologist | | | 🞏 |
| Children’s Social Care | 🞏 | Child and Adolescent Mental Health Service (CAMS) | | | 🞏 |
| Behaviour Support Worker | 🞏 | Physical Impairment Team | | | 🞏 |
| Elective Home Education Team | 🞏 | Traveller Education Service | | | 🞏 |
| Safeguarding Children Team | 🞏 | Speech, Language and Communication Team | | | 🞏 |
| Autism Team | 🞏 | Children’s Autism Outreach Team | | | 🞏 |
| Other (please specify) | 🞏 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
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| Is your child attending school regularly? | | | YES/NO (please circle) | | |
| If No, is an Education Attendance Officer involved? | | | YES/NO (please circle) | | |
| If your child is not attending school regularly, please state why:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| **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. | | | | |
| 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 (including any CP/Safeguarding 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: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

**Data Controller**: The Castle Partnership Trust

**DPO contact** –

**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. For section 8: Consent: we will only share your information with preferred schools if you indicate this, and you can withdraw your consent at any time.

**Data Sharing** – the personal data provided will be shared with early years settings, health authorities, schools, academies and free schools 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. Data may be shared by schools with a private admissions provider. 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. SCC 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 Somerset County Council 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 Council 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)