

In Year School Admission Request

Pupil's Present School:
1st Preference School:
2nd Preference School:

If your chosen school is Dual Stream please indicate below whether you wish your child to be admitted to the English or Welsh Stream.

English Stream Welsh Stream

Date Admission Required :	Year Group for Pupil to be Admitted into: Year
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PUPIL DETAILS

Pupil's Legal Surname	Pupil's Legal Forename	Middle Name(s)
Date of Birth D / M / Y	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	If TWIN, please tick box and complete an application form for each child <input type="checkbox"/>
Pupil's Current Address Postcode		

Pupil's Proposed New Address (This must be the normal and genuine residence of the parent / carer who has care of the pupil, that is, the address at which the pupil will reside)

.....	Contactable at this address from: (Insert date)
.....	Postcode

Which Authority do you pay your Council Tax to?

SIBLING DETAILS :
Please give full names and date of birth of any siblings, who are attending the preferred school that you are applying for. (Sibling includes half-siblings, step siblings and foster children living in the same household).

Sibling Legal Name	Date of Birth	School	Relationship to Applicant

Please provide sibling Address – only if different from applicant

ADDITIONAL NEEDS

Does the pupil have any physical or mental health conditions, illnesses or impairments, lasting, or expected to last, 12 months or more?

Yes

No

Don't know

Does the pupil have any health conditions, illnesses or impairments which affect the pupil in the following areas? Please choose **ALL** that apply. If you wish to describe your child's condition in further detail please attach further information.

Vision (for example blindness or partial sight)

Hearing (for example deafness or partial hearing)

Mobility (for example walking short distances or climbing stairs)

Does the pupil use a Wheelchair/Kwalker?

Dexterity (for example, lifting and carrying objects or using a keyboard)

Not Toilet Trained/In Nappies/Pullups

Learning or understanding/concentrating (for example associated with Dyslexia or Down's syndrome)

Memory

Mental Health

Stamina or breathing or fatigue/asthma

Socially or behaviourally (for example, associated with autism, attention deficit disorder) or Asperger's syndrome

Other medical condition
(please describe)

Is the pupil on one of the following stages of the SEN Code of Practice for Wales?

Yes

No

Don't know

School Action

Yes

No

Don't know

School Action Plus

Yes

No

Don't know

Statement of Educational Needs

Yes

No

Don't know

Education and Health Care Plan (*England*)

Yes

No

Don't know

Describe your child's
Additional Needs

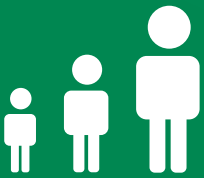
Has the pupil ever been excluded from their school or education setting, either on a fixed term or permanent basis?

Yes

No

Number of Fixed Term Exclusions

Total Number of Days



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INVOLVEMENT WITH OTHER SERVICES: Please tick box and provide contact details below

Educational Psychologist	<input type="checkbox"/>	Contact Name	Tel
EAL Support	<input type="checkbox"/>	Contact Name	Tel
CAMHS	<input type="checkbox"/>	Contact Name	Tel
Behaviour Support Service	<input type="checkbox"/>	Contact Name	Tel
Hearing Support Service	<input type="checkbox"/>	Contact Name	Tel
Visual Support Service	<input type="checkbox"/>	Contact Name	Tel
Health Visitor	<input type="checkbox"/>	Contact Name	Tel
Social Services	<input type="checkbox"/>	Contact Name	Tel
Medical Consultant	<input type="checkbox"/>	Contact Name	Tel
Youth Offending Service	<input type="checkbox"/>	Contact Name	Tel
Other: Please Specify	<input type="checkbox"/>	Contact Name	Tel

OTHER INFORMATION

Is the pupil in the care of Powys County Council or any other Authority? Yes No

Please give details of the placing Authority, Social Worker & Tel No.

Please indicate if the pupil is of:
 UK Service Personnel Yes No Traveller Family Yes No

Please Note : If the child attends a school outside the allocation area of their home address, parents will be responsible for home to school transport including costs

Please state in full your reasons for requesting a transfer (if reasons are not stated in full, this will delay consideration of your request)

Have you discussed your concerns/reason for requesting a transfer with your current Headteacher? Yes No

Please note that this is an essential requirement and the Headteacher of the current or most recent school is required to report on this conversation in his/her contribution on this form.

Have you discussed your request for transfer with the Headteacher of your chosen school? Yes No

Please note that the Authority will be unable to agree the transfer if the requested school is at or above the admission limit for the year group in question

LANGUAGE

Does the pupil understand, read or write Welsh? Please choose **ALL** that apply.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Understand spoken Welsh | <input type="checkbox"/> Speak Welsh |
| <input type="checkbox"/> Read Welsh | <input type="checkbox"/> Write Welsh |
| <input type="checkbox"/> None of the above | |

What is the pupil's main language?

- | | |
|--|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Other, (please specify) | <input type="text"/> |

NATIONAL IDENTITY

How would you describe the pupil's national identity? Please choose **ALL** that apply.

- | | |
|--|---|
| <input type="checkbox"/> Welsh | <input type="checkbox"/> English |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Northern Irish |
| <input type="checkbox"/> British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Polish | |
| <input type="checkbox"/> Other, (please specify) | <input type="text"/> |

ETHNICITY

What is the pupil's ethnic group? Please choose **JUST ONE** of the 17 options listed in this section that best describes the pupil's ethnic group or background.

White

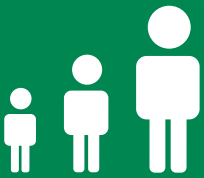
- | | |
|--|--------------------------------|
| <input type="checkbox"/> Welsh/English/Scottish/Northern Irish/British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Gypsy or Irish Traveller | |
| <input type="checkbox"/> Other, (please specify) | <input type="text"/> |

Mixed / Multiple ethnic groups

- | | |
|--|--|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White and Asian | |
| <input type="checkbox"/> Other, (please specify) | <input type="text"/> |

Asian / Asian British

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other, (please specify) | <input type="text"/> |



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ETHNICITY

Black / African / Caribbean / British

African

Caribbean

Arab

Other, (please specify)

PARENT / GUARDIAN DETAILS (details of person filling in this form required below)

Title Dr / Rev / Mr / Mrs / Miss / Ms / Other	Forename	Surname
Relationship to Pupil e.g Mother, Father, Step-parent, Social Worker, Foster Parent or other relative		Do you have parental responsibility for this pupil (Please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Tel No	Mobile Tel No	
Work Tel No	Email Address	

DECLARATION

- I understand I have the right to express a preference for the school where I wish the above child to be admitted and that, if I do not express any preference I may not get a school place at my preferred school.
- I have read and understood the published criteria relating to school admissions.
- I understand that if the pupil attends a school outside of the home allocation area, I will be responsible for home to school transport and all costs relating to it.
- **I understand that a place may be lawfully withdrawn if the information given on this form is fraudulent or misleading and that steps will be taken to confirm that the correct address has been used.**
- I confirm that I am the legal guardian holding parental responsibility for the pupil concerned and that all of the information included on the application form is true to the best of my knowledge.
- I understand that the information I have given on this form is to be held by the Council subject to the provisions of the Data Protection Act 1998 (as amended) and that the information will be used for the purpose of processing my application but may also be used for the detection and prevention of fraud. I also understand that the Council may, subject at all times to the provisions of the Data Protection Act, share this information with third parties.

Please return this form to Admissions & Transport Section, Schools Service, Powys County Council, County Hall, Llandrindod Wells, Powys, LD1 5LG

DATE RECEIVED	FOR OFFICIAL USE ONLY	NOTES
	DATE ENTERED ONTO SYSTEM	

HEADTEACHER SECTION : To be completed by the pupil's current or most recent school

The Headteacher (or Head of Year) at the pupil's current or most recent school **MUST** complete this section before we can process the application. The form needs to be stamped with the school stamp. Failure to gain completion of this section will delay the application being processed.

Pupils's Name	Pupil's Date of Birth
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Present or Most Recent School :

Does the pupil have any additional needs? Please tick (If YES please include most recent copy of IEP)

School Action	<input type="checkbox"/>	CAMHS	<input type="checkbox"/>	Health Visitor	<input type="checkbox"/>	Visual Support Service	<input type="checkbox"/>
School Action Plus	<input type="checkbox"/>	Behaviour Support Services	<input type="checkbox"/>	Social Services	<input type="checkbox"/>	Under Assessment	<input type="checkbox"/>
Statemented	<input type="checkbox"/>	Hearing Support Service	<input type="checkbox"/>	Medical Consultant	<input type="checkbox"/>	Looked After Child	<input type="checkbox"/>
Educational Psychologist	<input type="checkbox"/>	Youth Offending Service	<input type="checkbox"/>	EAL Support	<input type="checkbox"/>		

Please give % attendance and number or unauthorised absences	Current Academic Year	%	Number of Unauthorised Absences
	Previous Academic Year	%	Number of Unauthorised Absences

Exclusion History	Number of Fixed Term Exclusions	Total Number of Days
Please give reasons & attach PSP if applicable		

KS2 Levels		KS3 Levels		CAT	
English	Welsh	English		Verbal	Non-Verbal
Maths		Maths		Quantative	Mean
Science		Science			

Proposed GCSE Courses – If applicable

Has the parent discussed the transfer request with you and are there any reasons why you feel this change of school would be detrimental to the pupil in any way?	School Stamp
Name	
Position Held	
Signed	

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