

FAIRFIELD HIGH SCHOOL FOR GIRLS

Fairfield Avenue - Droylsden - Manchester - M43 6AB



IN YEAR APPLICATION ADMISSION FORM

This form must be fully completed when applying for an in-year transfer during the school year.

Section 1 – Child Details					
First Name		Middle Name(s)		Surname	
Date of Birth		Age		Current Year Group	
Is your child new to the UK? Yes/No – please highlight			If Yes, date arrived in UK		
Does your child need support to speak English? Yes/No/Some – please highlight					
Current Address					
Postcode			How long has your child lived at this address?		
Is your child in Public Care (LAC) or fostered under an arrangement by the Local Authority? Yes/No – please highlight					
If you have answered Yes to the above question please give the name of the Local Authority					
Is your child previously looked after and now adopted, on a residence order or special guardianship order? Yes/No – please highlight					
Does your child have an Educational Health and Care Plan (EHCP) which names this school in the plan? Yes/No – please highlight					

Section 2 – Parent/Carer Details					
Parent/Carer (1)	First Name		Surname		Title
Your relationship to the child (e.g. Mother, Father, Carer, Social Worker etc)					
Current Address					
Mobile Phone Number			Home Telephone Number		
Email Address					
Parent/Carer (2)	First Name		Surname		Title
Your relationship to the child (e.g. Mother, Father, Carer, Social Worker etc)					
Current Address					
Mobile Phone Number			Home Telephone Number		
Email Address					

Section 3 – Your Child’s School History	
This section must be completed even if the previous school was not in the UK	
Current (or most recent) school name and address	
Is your child still attending this school? Yes/No – please highlight	
If you have answered No to the above question please indicate the date on which your child last attended	
Please indicate the reason for your child leaving current (or most recent school)	
Does your child currently have any siblings attending this school? Yes/No – please highlight	
If you have answered Yes to the above question please give the name(s) and current Year Group(s) of any siblings attending this school	

Section 4 – Reason for Application	
Please highlight the reason for requesting a place at this school	
Moving from one area of Tameside to a different area of Tameside	Moving to Tameside from another area of the UK
Moving to Tameside from another Country (please state which country)	Country
No house move but would like to move schools	Leaving Private Education
Leaving Elective Home Education	Other Reason (please provide details below)
Have you met with your child’s current school to discuss your reasons for requesting a transfer? Yes/No – please highlight	
Who did you speak to at your child’s current school?	
Outcome of Discussion	

Section 5 – Additional Information
Please highlight all that apply - at least one box in this section must be highlighted in relation to your child

My child is an Asylum Seeker/Refugee	My child is a Gypsy/Roma/Traveller
My child is Homeless/Living in a refuge	My child is a Young Carer
My child has Special Educational Needs requiring specific support (state below)	My child has been out of education for more than two months
My child is returning to mainstream education from the Pupil Referral Service (PRS)	My child has been Permanently Excluded from their current/last school
My child is at risk of permanent exclusion from their current school	My child has less than 65% attendance at their current school
My child has a disability or serious medical condition (state below)	None of the above
Please provide any further information as requested above	

Section 6 – Parent/Carer Declaration	
<p>I confirm that I have parental responsibility for the child named in Section 1 and that all persons with parental responsibility have agreed to this application being submitted.</p> <p>I confirm that the information given on this form is true to the best of my knowledge and belief. I understand that giving false or deliberately misleading information may result in the withdrawal of the offer of a school place.</p>	
Signature of Parent	
Date	
If this form has been completed on behalf of the parent or carer please provide your details	
Name	
Role/Relationship to child or family	
Signature	
Date	

Once you have submitted your form you will be sent an automated acknowledgement confirming that your application has been received.

If you have any queries regarding your application please contact Mrs. Julie Murphy (Governance Professional and Clerk to the Admissions Committee) on 0161 523 7154 (Direct Line) or via email at jmurphy@fairfieldhighschool.co.uk