

You can use this guidance to help complete the school admissions form for children aged 11 years and over. If you require further assistance or have questions please contact Swansea Council's Admissions Team directly by email - midyearadmissions@swansea.gov.uk - or by phone - 01792 636500

You can also find information at www.swansea.gov.uk/schooladmissions



Admissions Team
School Support Unit,
Civic Centre,
Swansea SA1 3SN

Application for Admission for In Year Transfer (Secondary)

The information you give will be used to allocate a school place to your child

| PUPIL DETAILS | | | |
|--|--|----------------------------------|--|
| Pupil's Surname: Your Child's Surname (family name) | Pupil's First Names: Child's First Name and any additional names | Date of birth: DD/MM/yyyy | Gender: Write in Child's Gender |
| Pupil's Present School: Name & Address of Child's previous school | | | |

About Your Child
Please ensure the details provided match the Passport / BRP of your Child

| |
|--|
| Pupil's Current Address Full UK Residential Address - Do Not Use the University Campus Address! You must have a confirmed UK residential address before applying Postcode |
|--|

| Name of parent (s) or Adults with Parental Responsibility | | | |
|--|--|-----------------------|----------------------------------|
| Title: Mr / Miss / Mrs / Dr. etc | Initials: Forename Initials | Surname: Full Surname | Telephone number: Contact Number |
| Relationship to child: | For example - mother / father / legal guardian | | |
| Address if different from pupils address: Only required if you are not living at the same address as your child | | | |
| Email address: Your personal email address (not Swansea Uni Address) | | | |
| Title: | Initials: | Surname: | Telephone number: |
| Relationship to child: | | | |
| Address if different from pupils address: | | | |
| Email address: | | | |

About You
Complete these details for yourself as the parent / guardian.

If you have a spouse, partner or other family member who will share responsibility for the child, please also provide their details.

If you are the sole carer for your child, leave the second section blank

| | |
|------------------------------------|------------------------------|
| 1 st Preference School: | Your Preferred School Choice |
| 2 nd Preference School: | Your Second School Choice |
| 3 rd Preference School: | Your Final School Choice |

| | | |
|--|-------------------------------------|--|
| Date child will start school: DD/MM/YYYY | Date admission required: DD/MM/YYYY | Year Group for Pupil to be admitted into: Year |
|--|-------------------------------------|--|

Which School Year would your child enter?
Year 7 - ages 11-12
Year 8 - ages 12-13
Year 9 - ages 13-14
Year 10 - ages 14-15
Year 11 - ages 15-16

The council will try to ensure children from the same family secure places at the same school however this cannot be guaranteed.

This section asks for information relating to any specific personal needs that your child may have. This could be, for example, due to being diagnosed dyslexic, or having a physical or medical condition that may affect them.

It's really important that you disclose these as it means your child will get the best level of educational and care provision for their personal situation

| 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 |
| | | | |
| | | | |
| | | | |

If you have more than one child applying for school include their details here (as well as completing an application for them). In 'School' field state "Applied to" and name of school

| ADDITIONAL LEARNING NEEDS | | |
|---|------------------------------|-----------------------------|
| Does your child have a Statement of Special Educational Needs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does your child have an Individual Development Plan (IDP) where the LA has named a school in section 2D.1 of the IDP? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If your child has any Special Educational Needs, answer yes and provide details in your email

If your child has a UK IDP, answer yes and provide details in your email

| Is the pupil "looked after" (in the care of a Local Authority) or been "previously Looked After" (in the care of a Local Authority)? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|--|------------------------------|-----------------------------|
| If Yes please complete the attached Supplementary Information section of this form. | | | |
| Supplementary Information | | | |
| To be completed if you ticked 'YES' to the question: | | | |
| 'Is the child "Looked After" (in the care of a Local Authority) or been "previously Looked After" (in the care of a Local Authority).' | | | |
| Please be aware that the information below should be completed in full and the social worker contacted before we can process your application:- | | | |
| Please state which Local Authority the child is in the care of: | | | |
| Date of first LAC episode and LAC status at that time: | | | |
| Current LAC legal status: | | | |
| Date LAC status ceased (if applicable): | | | |
| Reason for LAC status being ceased: | | | |
| Contact details of current (or previous) Social Worker: | | | |
| Name of current (or previous) Social Worker: | | | |
| Email: | | | |
| Telephone: | | | |

If the child has previously been taken into care by a UK Local Authority ("Looked After") and been assigned a Social Worker, please tick 'YES' and complete this section.

If they have not, tick 'NO' and move to the next page

This section asks for information relating to any specific personal needs that your child may have. This could be, for example, due to being diagnosed dyslexic, or having a physical or medical condition that may affect them.

It's really important that you disclose these as it means your child will get the best level of educational and care provision for their personal situation

| | | | |
|--|--------------------------|--------------|---------------|
| Does the pupil have a disability or long term medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If Yes, please provide brief details: | | | |
| Does the pupil have any assessed emotional or behavioural conditions that impact on learning? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If Yes, please provide brief details: | | | |
| INVOLVEMENT WITH OTHER SERVICES: Please tick box and provide contact details below | | | |
| Educational Psychologist | <input type="checkbox"/> | Contact Name | Telephone No. |
| EAL Support | <input type="checkbox"/> | Contact Name | Telephone No. |
| CAMHS | <input type="checkbox"/> | Contact Name | Telephone No. |
| Behaviour Support Service | <input type="checkbox"/> | Contact Name | Telephone No. |
| Hearing Support Service | <input type="checkbox"/> | Contact Name | Telephone No. |
| Visual Support Service | <input type="checkbox"/> | Contact Name | Telephone No. |
| Health Visitor | <input type="checkbox"/> | Contact Name | Telephone No. |
| Social Services | <input type="checkbox"/> | Contact Name | Telephone No. |
| Medical Consultant | <input type="checkbox"/> | Contact Name | Telephone No. |
| Youth Offending Service | <input type="checkbox"/> | Contact Name | Telephone No. |
| Other | <input type="checkbox"/> | Contact Name | Telephone No. |

If your child has any disabilities or long-term health issues, answer yes and provide details

If your child has been professionally assessed as having emotional or behavioural issues that could affect their schooling, answer yes and provide details

If your child has received support from, or been referred to, any of these services (or similar in their previous schooling) please advise here and give contact details.

EAL Support = English as Additional Language

CAMHS = Child & Adolescent Mental Health Service

| | |
|--|---|
| OTHER INFORMATION | |
| Please state the pupils first language | Write in your Child's first language (English Spelling) |
| Which Authority do you pay your Council Tax to? | Write in the council that charges council tax on your UK Residence |
| Please indicate if the pupil is of UK Service Personnel Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Check the 'No' Box unless you or the child's other parent are a serving member of the UK Armed Forces

| | |
|---|--|
| Please state in full your reasons for requesting a transfer (If reasons are not stated in full, this will delay consideration of your request). | |
| <p>.....</p> <p>.....</p> <p>Explain in this section that you are moving to Swansea from outside the UK and wish your child to be schooled here</p> <p>.....</p> <p>.....</p> | |
| Have you discussed your concerns/reason for requesting a transfer with your current headteacher? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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 of this form. | |
| Have you discussed your request for transfer with the headteacher at your chosen school? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Check the Yes box to confirm your child's previous school is aware of your move

If you have contacted your chosen school in Swansea, indicate this here. You do not have to contact the school.

This section needs to be completed by the headteacher, or a senior teacher responsible for your child, at their current / most recent school.

You might want to direct them to this guide to assist them with completing it.

| | | |
|---|--|--|
| Headteacher Section: | | |
| To be completed by pupil's current or most recent school | | |
| The Headteacher (or Head of Year) at the pupil's current or any previous schools attended 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. | | |
| Pupil's Name: | Pupil's Full Name | Pupil's Date of Birth: DD/MM/YYYY |
| Present or Most Recent School: Name & address of the school completing the form. Include a contact email address if possible. | | |
| Does the pupil require any additional support or intervention in relation to any of the following? Please tick (If YES please include most recent copy of IEP) | | |
| School maintained IDP <input type="checkbox"/> | LA maintained IDP <input type="checkbox"/> | |
| School Action <input type="checkbox"/> | Hearing Support Service <input type="checkbox"/> | Visual Support Services <input type="checkbox"/> |
| School Action Plus <input type="checkbox"/> | Youth Offending Service <input type="checkbox"/> | EAL Support <input type="checkbox"/> |
| Statemented <input type="checkbox"/> | Behaviour Support Services <input type="checkbox"/> | Educational Psychologist <input type="checkbox"/> |
| Under Assessment <input type="checkbox"/> | CAMHS <input type="checkbox"/> | Medical Consultant <input type="checkbox"/> |
| Health Visitor <input type="checkbox"/> | Child Protection <input type="checkbox"/> | Child In Need <input type="checkbox"/> |
| Social Services <input type="checkbox"/> | Looked After Children <input type="checkbox"/> | Child Sexual Exploitation <input type="checkbox"/> |
| Other (please specify): | Traveller Education Service <input type="checkbox"/> | EYST <input type="checkbox"/> |
| | | |

Please detail here any specific issues or needs that have been identified for this child that the new school should be aware of.

This is to ensure the highest level of support can be provided. Please also provide any reports, or any Individual Education Plan (IEP) you have relating to these.

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

Please give % and Number of Days where the child did not attend school without agreement by the school.

| | | | | |
|--|---------------------------------|--|----------------------|--|
| Exclusion History | Number of Fixed Term Exclusions | | Total Number of Days | |
| Please give reasons & attach PSP if applicable | | | | |
| Please detail the cause of the exclusion and any documents / plans for the management of the situation (PSP - Pupil Support Plan) | | | | |
| Interactions with peers and staff | | | | |
| Please detail how the child behaves when interacting with other pupils and with staff. | | | | |

EXCLUSIONS
In the UK, when a child is suspended from school for a fixed time, or permanently, due to misconduct, behavioural or disciplinary issues this is known as an 'Exclusion'

Please Provide details of any exclusions in the section

| | | | |
|---|------------|--------------|------------|
| KS2 Levels | KS3 Levels | CAT | |
| English | English | Verbal | Non-Verbal |
| Maths | Maths | Quantitative | Mean |
| Science | Science | | |
| Proposed GCSE Courses – if applicable | | | |
| If the pupil has identified which subjects they would like to study for qualification, please give details here | | | |

KS2 / KS3 LEVELS

The UK carries out standard testing at age 10-11 to assess a child's capabilities in core subjects - this is 'Key Stage 2'. At ages 11-14 pupils are monitored against 'Key Stage 3' Levels. If you are able, please indicate at what Key Stage level the child is for these subjects - you can find information at - www.gov.uk/national-curriculum

If you are not able to do so, please provide any results of any local or national assessments the pupil has had in these subjects

CAT - Cognitive Abilities Tests

CATs are tests which identify the general cognition and learning capabilities of individual children - they are not a direct test of knowledge, but a general test of learning skills. These are carried out in Wales to ensure the right level of support is provided to all pupils.

If you are not able to do so, please provide any results of any local or national assessments the pupil has had relating to cognitive abilities.

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?

| | | |
|--|-------------------------------------|--|
| Name: Full Name | | School Stamp Please use school stamp here If you do not have a School Stamp, leave blank |
| Position Held: Job Title - e.g. Head Teacher / Head of Year | | |
| Signed: Signature | Date: ...DD../.MM../.Y.Y.Y.Y | |

**Please return this form to: midyearadmissions@swansea.gov.uk or
Admissions Team, School Support Unit, Civic Centre, Oystermouth Road, Swansea, SA1 3SN**

In Year School Admission Request - IMPORTANT INFORMATION

This form should be used for all pupils who require an in year school place. This may be due to a house move or to request an alternative school place. Before you decide to request a transfer to another school, for reasons other than a house move, you should consider your options very carefully and discuss your reasons and any issues with the Headteacher of the pupil's current school. **Note:** A change of school does not always resolve a problem.

If the request is for a child to transfer school, not due to a house move, it will be agreed, provided there is room in the year group in the school. These transfers only take place at the beginning of a term or half term. Your child must continue attending their current school until you are offered a place in an alternative school. Parents, by law, are responsible to ensure their child receives full time education.

Free home to school transport is only provided for pupils who live two miles or more from their designated primary school or three miles or more from their designated secondary school. If you are applying for a place at a school that is not the designated school for your home address, the responsibility and the cost for getting your child to and from school lies with you as parent/carer. The local authority will not provide free home to school transport when a pupil does not attend their designated school. Further information about school transport and admissions is available on the Council's website and hard copies of explanatory material can be provided upon request.

Please return this completed application to:

Admissions Team
School Support Unit
Civic Centre
Swansea

SA1 3SN

Email : midyearadmissions@swansea.gov.uk

Parents and schools will be informed of the allocation of places to mainstream pupils by letter.

DATA PROTECTION PRIVACY STATEMENT - Swansea Council is the data controller for the personal information you provide on this form. We are collecting this information as part of our obligation under the Welsh Government School Admissions Code. Your information will be used to help us fulfil our legal obligations associated with arranging school places and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law which will include data sharing with the school(s) relevant to your child. We are obliged by law to report certain matters on school pupils to Welsh Government.

Data protection law describes the legal basis for our processing your data as necessary for compliance with a legal obligation. For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate [privacy notice](https://www.swansea.gov.uk/privacynotice) on our website <https://www.swansea.gov.uk/privacynotice>

VERIFICATION OF INFORMATION – The Local Authority reserves the right to contact other Local Authority departments or other organisations or individuals to verify the details submitted on this admission application form.

Please tick to confirm this statement has been read: ☐

You MUST read and agree to the statement and tick this box

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 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 confirm that I have parental responsibility for the pupil and have obtained the agreement of all other persons who have parental responsibility for the pupil to make this application.

Signature

Your Signature

Date

DD/MM/yyyy

Additional Supporting Information:

When emailing your application, we encourage you to include details of your and your dependent's visa status and copies of any documents, such as your CAS, Visa or BRP. This will enable the council to establish your status.

Support with applications:

If you have questions or require assistance with your applications, you may contact the team at Swansea Council by email at - midyearadmissions@swansea.gov.uk