



# Application for Admission

## In Year Transfer

Please read the **Notes of Guidance** carefully  
Before completing the application form  
The information you give will be used to allocate a school place to your child

PUPIL DETAILS		
<b>Pupil's Legal Surname:</b>	<b>Pupil's Legal Forename:</b>	<b>Middle Name(s);</b>
<b>Pupil's Preferred Surname:</b>	<b>Pupil's Preferred Forename:</b>	
<b>Date of Birth:</b> Day:      Month:      Year:	<b>Sex of child:</b>	<b>If TWIN</b> , please tick box and complete a form for each child.

<b>Pupil's Current Address</b> ..... ..... <b>Post Code:</b> .....
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<b>Pupil's Proposed Address:</b> ..... ..... <b>Post Code:</b> .....	<b>Contactable at this address from (insert date)</b> ...../...../.....
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<b>Pupil's Present School</b>
<b>1<sup>st</sup> Preference School:</b>
<b>2<sup>nd</sup> Preference School:</b>
<b>3<sup>rd</sup> Preference School:</b>

<b>Date admission required</b> ...../...../..... <b>Year Group for Pupil to be admitted to: Year</b> .....
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**Sibling Details:** Please give full names and date of birth of any sibling, who are attending the preferred school that you are applying for, (Siblings include half-siblings, step siblings and foster children living in the same household)

Sibling Legal Name	Date of Birth	School	Relationship to Applicant

**ADDITIONAL LEARNING NEEDS**

Does the pupil have additional education learning needs? Yes  No

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

School Action Yes  No

School Action Plus Yes  No

Statement of Educational Needs/LEA Maintained IDP Yes  No

School Maintained IDP

If you have answered YES to any of the above, Please ring 01639 763580/3730 to discuss and provide further details.

Does the pupil have a disability or long term medical condition Yes  No

If YES, please provide brief details: .....

Does the pupil have any assessed emotional or behavioural conditions that impact on learning Yes  No

If YES, please provide brief details: .....

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

If YES, please provide brief details and attach PSP if applicable .....

.....  
 .....

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

Educational Psychologist  Contact Name: ..... Tel No: .....

EAL Support  Contact Name: ..... Tel No: .....

CAMHS  Contact Name: ..... Tel No: .....

Behaviour Support Service  Contact Name: ..... Tel No: .....

Hearing Support Service  Contact Name: ..... Tel No: .....

Visual Support Service  Contact Name: ..... Tel No: .....

Health Visitor  Contact Name: ..... Tel No: .....

Social Services  Contact Name: ..... Tel No: .....

Medical Consultant  Contact Name: ..... Tel No: .....

Youth Offending Service  Contact Name: ..... Tel No: .....

Other Please Specify  Contact Name: ..... Tel No: .....

**OTHER INFORMATION**

Is the pupil in the care / previously in the care of Neath Port Talbot County Borough Council or any other Authority?

Yes  No

Please give details of the placing Authority, Social Worker and Tel No:

.....  
.....

Please state the Pupil's First Language: .....

Which Authority do you pay your Council Tax to? .....

If Neath Port Talbot, please provide your Council Tax Reference Number: .....

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

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

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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 of this form.

Have you discussed your concerns/reason for requesting a transfer with your chosen Headteacher?

Yes  No

**Parental Information**

(In relation to a young person or child, the term 'parent' includes any person who is not a parent, but who has parental responsibility or care of the child). 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.

Parent Name: .....

Address: .....

.....

Telephone: .....

Relationship to pupil: .....

Email: .....

Parent Name: .....

Address: .....

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Telephone: .....

Relationship to pupil: .....

Email: .....

**Please return completed application to:**

Mrs Helen Lewis  
School Admissions Officer  
Neath Port Talbot County Borough Council  
Civic Centre  
Port Talbot  
SA13 1PJ

Parents and schools will be informed of the allocation of places to mainstream pupils by letter. Appeals must be lodged within 14 days of receiving letter.

**Privacy Notice**

1. In providing us with your personal information you hereby acknowledge that Neath Port Talbot County Borough Council is the Data Controller for all the personal information you provide on this form (for the purpose of the General Data Protection Regulation 2016 (GDPR) and the Data Protection Act 2018 (DPA)).
2. The personal data which we collect from you via this form will be used by the Council (pursuant to it carrying out its various statutory and business functions) for the following purposes:  
  
Processing your application for the purpose of allocating a school place.
3. As a Data Controller the Council is required under GDPR to inform you which of the Article 6 GDPR "Data Processing Conditions" it is relying upon to lawfully process your personal data. In this respect please be advised that in regards to the data provided by you on this form we are relying on the following two Article 6 conditions;
  - i. "The data processing is necessary for compliance with a legal obligation to which the controller is subject". (Article 6(c) GDPR).
  - ii. "The data processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller." (Article 6(e) GDPR).
4. We may share your personal data securely with the following third parties (i.e. persons/bodies/entities outside the Council) in accordance with data sharing arrangements which we have in place with those third parties:- Schools, Revenue Section, Welsh Government, Other Local Authorities, NHS and Police.
5. The personal information collected from you on this form will be held by the Council for a period of 25 years from date of birth.
6. Please note that we are required to collect certain personal data under statutory requirements and in such cases a failure by you to provide that information to us may result in the Council being unable to provide you with a service and/or could render you liable to legal proceedings.
7. We would inform you that under Article 21 GDPR you have the right at any time to object to the Authority about the fact that we are processing your personal data for the purposes of carrying out a public task or exercising our official authority.
8. The Council will not transfer any of your personal data outside of the European Union. All processing of your personal data by us will be carried out in the United Kingdom or other European Union countries.
9. The Council will not use your personal data for the purposes of automated decision making.
10. Please be advised that under GDPR individuals are given the following rights in regards to their personal data:
  - i. The right of access to their personal data held by a data controller.
  - ii. The right to have inaccurate data corrected by a data controller.

- iii. The right to have their data erased (in certain limited circumstances).
- iv. The right to restrict the processing of their data by a data controller (in certain limited circumstances).
- v. The right to object to their data being used for direct marketing.
- vi. The right to data portability (i.e. electronic transfer of data to another data controller).

Further information on all the above rights may be obtained from the Information Commissioner’s website: [www.ico.org.uk](http://www.ico.org.uk).

- 11. In the event that you have any queries regarding our use of your personal data, you wish to have access to the same or you wish to make any complaint regarding the processing of your personal data please contact the Council’s Data Protection Officer at the Directorate of Finance & Corporate Services, Civic Centre, Port Talbot, SA13 1PJ.
- 12. Please be advised that in the event that you make a request or a complaint to the Council’s Data Protection Officer (see 9 above) and you are dissatisfied with the Council’s response you are entitled to complain directly to the Information Commissioner’s Office. Details of the Commissioner’s Office contact details and further information on your rights may be obtained from the Commissioner’s website – [www.ico.org.uk](http://www.ico.org.uk).

Please tick to confirm this statement has been read:

**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 on the application form is true to the best of my knowledge.

Failure to provide valid information may result in your child not being allocated a school place at a Community School.

**Signature:** ..... **Date:** .....

**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 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.**

Pupil's Name:

Present or Most recent school:

Pupil's Date of Birth:

Unique Pupil Number:

LEA/School Number:

**Additional Learning Needs**

Does the pupil have any additional needs? Please tick (if YES, Please include most recent copy of IDP)

School Action	<input type="checkbox"/>	School Action Plus	<input type="checkbox"/>	Statemented/LEA maintained IDP	<input type="checkbox"/>
School Maintained IDP	<input type="checkbox"/>	Behaviour Support Services	<input type="checkbox"/>	EAL Support	<input type="checkbox"/>
Under Assessment	<input type="checkbox"/>	CAMHS	<input type="checkbox"/>	Educational Psychologist	<input type="checkbox"/>
Education Health Care Plan (England)	<input type="checkbox"/>	Medical Consultant	<input type="checkbox"/>		

**Other Involvements**

Free School Meals (Transitional Protection Date Commenced)	<input type="checkbox"/>	Children Looked After (CLA)	<input type="checkbox"/>	Social Services	<input type="checkbox"/>
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Please Give % attendance and number of unauthorised or absences	Current Academic Year Last date of attendance	%	Number of Unauthorised Absences	
<b>KS2 Levels</b>	<b>KS3 Levels</b>	<b>CAT</b>		
English	English	Verbal	Non-Verbal	
Maths	Maths	Quantative	Mean	
Science	Science			
<b>Proposed GCSE Courses—If applicable</b>				

**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 Exclusion \_\_\_\_\_ Total Number of Days \_\_\_\_\_

If **Yes**, please provide brief details and attach PSP if applicable

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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:**

**Position Held**

**Signed:**

**Date:**

**School Stamp**

Please return this form to Admissions Team, Neath Port Talbot County Borough Council, Civic Centre, Port Talbot SA13 1PJ

## 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 decided 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 for a child to transfer school, not due to 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.

Parents should be mindful that if their child moves to a school outside the designated area they will be responsible for the transport and all costs relating to it to enable the child to attend the school.

**Failure to complete each section of the application form fully will result in the form being returned and therefore delay the process.**

### BEFORE YOU APPLY

Please read the important information below before completing the application form. If you need any help with your application, contact the Admission Team, Neath Port Talbot County Borough Council 01639 763580/763730.

- Applications for in year school places for Community and Voluntary Controlled Schools must be made through the Admissions Authority. Schools cannot offer places direct. (The admissions to Voluntary Aided Schools are the responsibility of the Governors).
- Applications should not be made more than a term in advance. Applications outside of this time scale will not be processed. School places cannot be reserved therefore applications are processed and places allocated, where possible, close to the date the school place is required. Once a school place has been offered the commencement date should be agreed with the school.
- Applications received during school holidays cannot be considered until schools re-open unless the Headteacher section on the application form has been completed.
- We are unable to consider applications until confirmation of a moving date has been received. Documentary evidence in the form of a solicitor's letter to confirm exchange of contracts or a copy of your signed rental agreement may be required to support your application. Please include this with your application if possible to enable us to process your application.
- Please provide copy of pupil's birth certificate.
- If the application is due to a move into the UK, documentary evidence to support your application will be required. A copy of the pupil's passport, birth certificate, Child benefit letter or medical card are normally acceptable, along with a copy of your rental agreement or exchange of contracts letter. Please send copies with your application. The admissions Authority reserves the right to seek further documentary evidence as it feels appropriate.
- Parents can state 3 preferences on their application form. If the Admissions Authority are unable to offer a place at your 1st, 2nd and 3rd preference, a place will be allocated to the nearest school to your home address with available places.

### HEADTEACHER SECTION

**The section of this form must be completed by the outgoing school. Failure to do this will result in a delay in processing your application.**