Coastal Learning PARTNERSHIP

SWANAGE PRIMARY SCHOOL
IN-YEAR APPLICATION FORM – 2024/25 ACADEMIC YEAR

Please use this form to apply to Swanage Primary School only. Please complete a separate form for each child and use BLOCK CAPITALS.

Your Child's Details: (Please do not use abbreviated or 'known as' names)

Legal Surname:

Legal Forename: Middle Names:

Gender: Date of Birth: Year Group:

Current Address:

Postcode:

Current School or most recent School name and address:

Postcode: Telephone No:

If your child has already left the school, please give the last date they attended _____/ _____/ _____

Does your child have an Education, Health & Care Plan? Yes: ❒ No: ❒

Is your child in the care of a Local Authority under the Children Act 1989? (i.e. foster care) Yes: ❒ No: ❒

If yes, please provide details of the Local Authority and the social worker:

Local Authority:

Social Worker: Tel No:

Was your child previously in the care of a Local Authority? Yes: ❒ No: ❒

If yes, please provide a copy of your Adoption Certificate or Special Guardianship Order

For Official Use only Date form received:	Offered: Yes ❒ No ❒ Date:	Refused: Yes ❒ No ❒ Date:

ADMISSIONS CRITERIA

CRITERIA	YES (✓)	NO (✓)
Child is in Public Care or Formerly in Public Care		
Is your child a vulnerable child with an identified medical or social need?		
If yes, please provide written evidence from a medical professional/current LA.		
Do you live in the school's catchment area?		
Does your child have a sibling at Swanage Primary School?		
Name:_____	Year group: _____	

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REASONS FOR APPLYING (this information is used for data collection purposes only)

Please state your reasons for requesting a place at Swanage Primary School:

PARENT/CARER DETAILS

Title: First Name: Last Name:

Tel No (day): Mobile No:

Email address:

Your relationship to the child (i.e. mother, father, etc.):

Address (if different from child:

Postcode:

Please do not forget to sign the form on Page 4, before asking your child's current Headteacher to complete the information requested on Page 3. If Page 4 is not signed, your application cannot be processed and the form will be returned to you.

INFORMATION FROM YOUR CHILD'S CURRENT HEADTEACHER

This page of the application form is discretionary

Swanage Primary School requests that your child's current / most recent headteacher completes this page of this application. This will assist us in best supporting your child's placement.

Pupil's name: _____ DoB: _____ Year Group: _____

Date this pupil started at your school: _____

If the pupil has already left your school, last date attended: _____

1. Has this pupil ever been permanently excluded? Yes ❒ No ❒

2. Is the pupil on the school's SEN support register? Yes ❒ No ❒

If yes, please give a brief outline of need: _____

_____

3. Attendance percentage this academic year _____% Attendance percentage last academic year_____%

4. Has the pupil had any managed moves? Yes ❒ No ❒

5. Has the pupil had any respite at another school? Yes ❒ No ❒

6. Has the pupil ever been on a reduced timetable? Yes ❒ No ❒

7. Please specify any agencies involved and details of the professional/keyworker:

_____

_____

8. Please give details (reason, date & length) of any fixed term / internal exclusions:

_____

_____

9. Is there evidence of challenging behaviour that impacts on learning? Yes ❒ No ❒

If yes, please give brief details: _____

_____

10. Any other comments: _____

_____

_____

_____

Signature of school representative: _____ Date: _____

Print Name: _____ Position in School: _____

Privacy Notice

We are collecting this personal information from you in order to process your application, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, your information may be shared with other education establishments, including your child's current school, those with parental responsibility, the Local Authority, the Department for Education or additional relevant departments, however, this will only happen when it is necessary for the service to be provided.

The information you supply is being collected for the purpose of providing an education service but may be used for wider purposes and will be retained with your child's education record. The information provided will be held on file and may also be stored electronically and will be used for the purpose of its involvement in giving support and advice in relation to the child/young person as specified above.

More detailed information about the school's handling of your personal data can be found in its privacy policy, available online, or on request.

Declaration and signature of Parent/Carer

- I understand the information outlined in the privacy notice, above.
- I certify that the information I have given on this form is correct to the best of my knowledge. I understand that any place offered may be withdrawn if I give false information, even if my child has started at the school.
- I understand that if a school place can be offered, I will take up that place, and my child's current school place will be withdrawn.

Name of parent/carer (please print): _____

Signature of parent/carer: _____ Date: _____

Relationship to child: _____

Please return your completed form and any supplementary information to:

Swanage Primary School
Mount Scar
Swanage
BH19 2EY

Telephone Number: 01929 422424

Email: sps.office@coastalpartnership.co.uk