

Mr Chris Thomas BSc
Headteacher

In-Year Transfer Application Form for Lynch Hill Enterprise Academy

This application should be returned directly to Lynch Hill Enterprise Academy.

Your child's details (please fill in this form using black or blue ink and CAPITAL LETTERS).

Surname:

First Name: Middle Name:

If your child has been known by another name please enter it here:

Date of birth:	Day	Month	Year	Gender:	Male	Female

Most recent school:	Name:		Town:	

Current School Year Group:

7	8	9	10	11
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 Year Group applying for:

(please circle) (if different)

Current address details

Your child's current address and postcode – this must be your child's current, permanent address. Any place gained by using a fraudulent address will be withdrawn.

House name/number:	
Street:	
Town/Village:	
County:	Postcode:

Parent/Carer details

Mr/Mrs/Miss/Ms Initials Surname

Home Tel. No. Mobile Tel. No.

Email: Relationship to child

Additional details (please tick the appropriate box below for each question).

Does your child have a statement of special educational needs or Education, Health and Care plan?

Yes ☐ No ☐

Is your child in the care of the Local Authority?

(If yes, please attach documentary evidence).

Yes ☐ No ☐

Has your child been absent for a total of more than 4 weeks in the last year?

Yes* ☐ No ☐

Has your child ever been given a fixed term exclusion from a school?

Yes* ☐ No ☐

Has your child ever been given an internal exclusion?

Yes ☐ No ☐

Has your child ever been permanently excluded from a school?

Yes* ☐ No ☐

Have you had contact with an Education Welfare Officer or Social Services?

Yes* ☐ No ☐

Current attendance percentage?

(This can be obtained from your school's Attendance Officer)

**If you have ticked 'Yes' for any of the above, please provide details (i.e. dates and reasons for exclusions/absences and contact details of EWOs/social workers) here:*

Transfer details

When are you looking to transfer your child? (a.s.a.p. or date)

Are you transferring schools due to a change of address?

(If yes, please provide details of your new address and your approximate move-in date).

Yes ☐ No ☐

Are you requesting to transfer schools but not moving address?

(If yes, please state your reasons for transferring schools below).

Yes ☐ No ☐

If you are a Service/Crown Servant family due to move into the area please tick here.
(Please provide evidence of posting).

☐

Does your child have a sibling (brother or sister-this includes half, adopted, or foster sibling) currently attending this school

Yes ☐ No ☐

	Name	Date of Birth
Sibling/s		

Please use the box below to note down your reasons for requesting an in-year transfer, along with the

reasons why you are applying for this school. Use this space to list any previous addresses and the dates of any planned move.

Headteacher’s comment and signature

Comment:

If you are transferring from a school you must discuss the transfer with your child’s current Headteacher and get this section signed by them. In addition we require your child’s attendance record for the current and previous academic year.

Forms will be returned if a signature is not provided.

Headteacher’s signature:

Print Name:

Declaration

- I confirm that I have read the information in the 'Guide to In-Year Admissions' available online at www.slough.gov.uk.
- I am the parent/carer of this child.
- I have the agreement of all people with parental responsibility to make this application, or there is a court order allowing this application.
- I declare that the information I have given on this form is correct and complete, and understand that any school place offer obtained through fraudulent or intentionally misleading information may be withdrawn.
- Data Protection Act 2018 – the personal information collected on this form will only be used for the purposes of applying the relevant admissions policy. Lynch Hill Enterprise Academy also use this data in connection with the prevention or detection of other fraud or crime.
- The School is entitled to request further information to verify the details given on this form are correct.

Under the Data Protection Act 2018, we are required to gain your permission to keep personal details for you. We may share this information with government and local authority departments and other authorised organisations for administrative, statistical and research purposes. For further information, please visit: www.lhea.org.uk.

Your Signature:

Your Full Name:

Date: