|  |  |
| --- | --- |
| SECONDARY IN-YEAR COMMON APPLICATION FORM (CAF)  2023-2024  This form should be used for applying for secondary schools in North East Lincolnshire |  |

|  |  |
| --- | --- |
| **Instructions** | |
| 1. **Complete Sections A-G, ensuring that you read and sign the declaration (G).** 2. **Unless you have signed Section E (i.e. you do not wish to advise current school of transfer request so you may submit form to School Admissions), please give the entire form to your child’s current school.** 3. **Current school should complete PART TWO of this form and return it to you. You should then send the whole form to the School Admissions Team for processing (this usually takes around 3 school weeks).** | |
| [**schooladmissions@nelincs.gov.uk**](mailto:schooladmissions@nelincs.gov.uk)  **01472 326291 (option 4)** | **School Admissions Team,**  **Civic Offices, Knoll Street, Cleethorpes, North East Lincolnshire, DN35 8LN** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section A: Child’s Details | | | | | |
| **First Name(s):** |  | | | | |
| **Surname:** |  | | | | |
| **Date of birth:** |  | | **Gender:** |  | |
| **Current Year Group:** | **Y7** | **Y8** | **Y9** | **Y10** | **Y11** |
| **Home Address:** |  | | | | |
|  | | | | |
| **Post Code:** |  | | | | |

|  |  |
| --- | --- |
| **Is the child Looked After (in public care, under Children’s Social Services)?** | **Yes  No** |
| **Was the child previously Looked After (previously in public care)?** | **Yes  No** |
| **Is the child Internationally Adopted Previously Looked After?** | **Yes  No** |
| **Does the child have an Education Health and Care Plan (EHCP)?** | **Yes  No** |
| *If “Yes”, please contact the SEN Team to discuss your request: 01472 326291 (opt 2 or 3) or email* [*sen@nelincs.gov.uk*](mailto:sen@nelincs.gov.uk) | |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE ONLY:** | **CAPITA / SEN CHECK** | **Date:** | **Initials:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section B: Parents/Carers’ Details | | | | | | | | | | | | |
| **Title:** | **Mr** | | **Mrs** | | | **Miss** | | **Ms** | **Other (please specify):** | | | |
| **First Name(s):** |  | | | | | | | | | | | |
| **Surname:** |  | | | | | | | | | | | |
| **Relationship to child:** | **Parent** | | | | | | **Carer** | | | **Social Worker** | | |
| **Telephone Number(s):** |  | | | | | | | | | | | |
| **E-mail address:** |  | | | | | | | | | | | |
| **Is there anyone who should not have access to, or information about the child?** | | | | | | | | | | | **Yes  No** | |
| *If Yes to the above question, please specify who and for what reason:* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Section C: Current School Details | | | | | | | | | | | | |
| **Name of current/most recent school:** | | | |  | | | | | | | | |
| **Address (if not in NE Lincs):** | | | |  | | | | | | | | |
| **Telephone Number:** | | | |  | | | | | | | | |
| **Is child still attending?** | | **Yes  No** | | | **If “No”, what was last date attended?** | | | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section D: Reason for Admission/Transfer Request** | | | |
| **What is the reason for your application? (please tick)** | | | |
| **Moved into / recently returned to North East Lincolnshire** |  | *Please give details of previous address below:* | |
|  | | | |
|  | | | |
| **Moved / moving address within North East Lincolnshire** |  | *Please give details of previous/moving address below:* | |
|  | | | |
|  | | **Moving Date:** |  |
| **Transport issues** |  | *Please give brief details below:* | |
|  | | | |
|  | | | |
| **Difficulties / issues at current school\*** |  | *Please give brief details below:* | |
| *\*We would advise you to talk to your child’s current school before submitting this transfer application.* | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section E: Other Information | | | | | | | | | | |
| **Have you informed your child’s current school of this transfer request?** | | | | | | | | | **Yes  No** | |
| **If you do not wish to discuss the request with child’s current school, please advise of the reason(s) below and sign.**  *Please note that it may be necessary to contact your child’s previous school for information with regards to attendance, attainment and behaviour in order to process your request.* | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Parent/Carer Signature:** | | | | |  | | | | | |
| **Are there any other agencies/services involved with the child/family?** | | | | | | | | | **Yes  No** | |
| *If YES, please give details below (names/contact details for involved worker(s)):* | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Does the child have any additional learning/medical needs?** | | | | | | | | | **Yes  No** | |
| *If YES, please give details below:* | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Section F: Your School Preferences | | | | | | | | | | |
| **1st Preference (name of school):** | | | | | |  | | | | |
| **Reasons for Preference (tick all reasons you think are relevant and give additional details where requested):** | | | | | | | | | | |
| **Catchment** | | | **Sibling attends**  *give details below1* | | | | **Child of staff**  *give details below2* | | | **Other**  *give details below3* |
| **1 Name of sibling:** | |  | | | | | | **Sibling date of birth:** | |  |
| **2 Name of member of staff:** | | | |  | | | | **Position/start date:** | |  |
| **3 Other reason:** |  | | | | | | | | | |
|  |  | | | | | | | | | |
| **2nd Preference (name of school):** | | | | | |  | | | | |
| **Reasons for Preference (tick all reasons you think are relevant and give additional details where requested):** | | | | | | | | | | |
| **Catchment** | | | **Sibling attends**  *give details below1* | | | | **Child of staff**  *give details below2* | | | **Other**  *give details below3* |
| **1 Name of sibling:** | |  | | | | | | **Sibling date of birth:** | |  |
| **2 Name of member of staff:** | | | |  | | | | **Position/start date:** | |  |
| **3 Other reason:** |  | | | | | | | | | |
|  |  | | | | | | | | | |
| **3rd Preference (name of school):** | | | | | |  | | | | |
| **Reasons for Preference (tick all reasons you think are relevant and give additional details where requested):** | | | | | | | | | | |
| **Catchment** | | | **Sibling attends**  *give details below1* | | | | **Child of staff**  *give details below2* | | | **Other**  *give details below3* |
| **1 Name of sibling:** | |  | | | | | | **Sibling date of birth:** | |  |
| **2 Name of member of staff:** | | | |  | | | | **Position/start date:** | |  |
| **4 Other reason:** |  | | | | | | | | | |
|  |  | | | | | | | | | |
| * **The Admission Authority can only apply reasons if they are part of the published admission criteria.** | | | | | | | | | | |

**Please ensure that this form is completed in as much detail as possible. If any relevant sections are incomplete, the form will be returned to you, and this could delay the processing of your application.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section G: Declaration** | | | | |
| By signing this form, I certify that I have parental responsibility for the child named in Section A, that no other adult with parental responsibility objects to this application and that the information given on this form is true to the best of my knowledge. I understand that giving false or misleading information, or withholding relevant information, may result in the withdrawal of a school place offer.  I understand that where parents/carers share equal parental responsibility for a child, only one physical home address can be considered and this is the one nominated on this CAF (the local authority may request evidence to verify the stated address).  **Information Sharing and Consent:** I understand that the information I have provided to North East Lincolnshire Council (NELC) regarding my child and family will be recorded and used for the purpose of providing services, support, advice and guidance to my child and family.  I agree to my family’s personal information being processed and shared by NELC with appropriate partners and organisations to enable them to provide us with services, support, information, advice, and guidance in order to achieve a positive outcome for me and my family.  NELC is the Data Controller for the processing of my personal information and that will process all personal information in accordance with the Data Protection Act and GDPR. | | | | |
| Name: |  | | | |
| Signature: |  | | Date: |  |
| I am the child’s: | Parent  Carer  Social Worker | and confirm that I hold Parental Responsibility for the child | | |

|  |  |
| --- | --- |
| SECONDARY IN-YEAR COMMON APPLICATION FORM (CAF) 2023-2024  PART TWO  This part should be completed by the child’s current school and information will only be forwarded to the requested school once an admission has been agreed. |  |

|  |  |
| --- | --- |
| **Current School Details** | |
| **Name of School:** |  |
| **Contact Name and Post Title:** |  |
| **Tel no. / Email address:** |  |
|  | |
| **On completion of Part Two by current school, the whole form is to be returned to Parent/Carer for submission to the School Admissions Team.** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Has the parent/carer discussed the transfer request with the school?** | | | **Yes  No** | | | | |
| **If YES, please give Name and Designation of person with whom the request was discussed:** | | | | | | | |
|  | | | | | | | |
| Signature: | |  | Date: | | |  | |
|  | | | | | | | |
| **Is the transfer request due to a significant change of home address?** | | | **Yes  No** | | | | |
|  | | | | | | | |
| **Pupil Information** | | | | | | | |
| **This pupil:** | 1. **Has good attendance and behaviour records and requires no additional support in school** | | |  | *No additional information required* | | |
| 1. **Requires/receives additional support** | | |  | *Please provide details below* | | |
| 1. **Has significant behavioural/attendance issues or is at risk of permanent exclusion** | | |  | *Please provide details below / behaviour, attendance %, Fixed Term Exclusions log* | | |
| **Information for (B) or (C) responses above:**  **(this may be used to determine an allocation through the Fair Access Protocol, if required)** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Is there any other information that you feel would assist the requested school in the transfer process?**  **(e.g. agency involvements with child/family; additional support required etc.)** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **If relevant, please give details of Options / Examination courses the pupil is currently undertaking:** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | **SCHOOL STAMP** |
|  | | | | | | |
|  | | | | | | |
| **Please attach copy of pupil’s educational profile / academic levels to assist transfer** | | | | | | |