

- Birth Certificate   
 Passport   
 Utility Bill

## In Year Application for Cockshut Hill School

To be completed by parent/carer (Please complete all sections, if it does not apply please put N/A)

**IMPORTANT: PROOF OF YOUR HOME ADDRESS, BIRTH CERTIFICATE AND PASSPORT MUST BE SUPPLIED WITH THIS FORM**

Acceptable proof includes: a copy of council tax, gas or electricity bill (within last 3 months) Failure to provide acceptable proof may affect your child's eligibility for a school place.

| Childs Details     |  |   |
|--------------------|--|---|
| Child's Name:      |  |   |
| Date of Birth:     |  |   |
| Current Year Group |  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please tick) |

| Home Address: |
|---------------|
|               |
|               |
|               |

| Parent/ Carer Email Address: |
|------------------------------|
|                              |

| Why do you want to transfer your child to another school? |
|---|
|   |
|   |

| Current/previous school Information   |
|---|
| Current/Previous School:  |
| Address of School:  |
| Is your child still attending? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick) |
| If no, give a reason:   |
|   |
| Date of leaving current/previous school:  |

The following questions will enable us to place your child in the most appropriate academic group and will also indicate if your child needs further language support. Please complete.

|   |  |
|---|--|
| Is the child new to the UK<br><input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)  | Has your child ever attended a school in the UK<br><input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)<br>Name of school attended:<br><br>Date Left:    |
| How much English does your child understand?<br><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Competent <input type="checkbox"/> Fluent | How much English does your child speak?<br><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Competent <input type="checkbox"/> Fluent |
| Does the child speak another language<br><input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)   | If so, what language is spoken by the child  |

|  |
|--|
| <b>Special Education Needs</b>   |
| Does your child have any Special Education Needs:  |
| What is your child's area of Special Education Needs:  |
|  |
| Did your child receive any support at their previous school:   |
|  |
| Does your child have an Educational Health Care Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No (please tick) |

|   |
|---|
| Is your child in public care or accommodated by a local authority? <input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)<br>(a looked after child) or previously looked after? |
| If yes, which local authority?  |
| Please give the name of the Social Worker and a contact telephone number  |
| Name:   |
| Telephone:  |

Birmingham operates a Fair Access Sharing Protocol. The Protocol exists to ensure that all schools admit their fair share of children with challenging behaviour. In order to assist the Local Authority in determining if your child should be considered for a place using this protocol please answer the following questions:

|   |
|---|
| Has your child ever been excluded from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please give dates of fixed term and/or permanent exclusions and/or Managed Move:                    |
|   |
|   |

Any there any others agencies involved with your child, e.g Education Welfare? YOS/ YISP/ Connexions/ Social Worker/ Family Support Worker? Please provide details and name of Contac(s)

If your child is experiencing difficulties, please explain what contact you have had with school regarding this. When was the last meeting with school, with whom did you meet and what was the outcome?

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Any other information relevant to this application, for example social, educational or disciplinary issues:

**To be completed by Head teacher/Principal of your child's current or most recent school**

**Declaration:**

I confirm that the information provided by the applicant on this application is correct

Yes

No

Name of person completing this declaration:

Position:

Signature:

Date:

**Parent/Carer please ensure you sign overleaf**

**To be read and Signed by Parent/Carer**

**Declaration and Consent to share information:**

The information provided on this application form may be shared with other agencies and service providers to ensure that your child receives an appropriate service. The full Data Protection statement can be found online at [www.birmingham.gov.uk/schooladmissions](http://www.birmingham.gov.uk/schooladmissions)

If a parent/carer knowingly and willingly provides a false statement which would affect the success of this application, they may have the school place withdrawn.

I confirm that I have read and understood the notes relating to this application

I certify that the information, which I have provided is correct and that I am aware that giving false information may result in any offer of a school place being withdrawn.

I give my consent for the school to contact relevant agencies in order to validate this application.

Title: (e.g Mr/Mrs/Miss/Ms)

Full Name: (PLEASE PRINT)

Relationship to child (Mother/Father/Carer etc)

Parent/Carer Signature:

Date:

Home Telephone Number:

Work Telephone Number:

Mobile Telephone Number: