

ST DUNSTAN'S SCHOOL



IN YEAR APPLICATION FOR A SCHOOL PLACE AT ST DUNSTAN'S SCHOOL

'Part of the Midsomer Norton Schools' Partnership'

Company Registration Number: 07365778 | VAT Number: 115 2460 50



**APPLICATION FOR A SCHOOL PLACE DURING
THE ACADEMIC YEAR AT ST DUNSTAN'S SCHOOL**

PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM

This form should be used by parents/carers requesting transfers between schools during the school year. You must complete a separate application for each school and each child.

All relevant sections of the form **must** be completed as fully as possible or the form will be returned to you. Applications will be processed in strict date order and a decision will be notified in **writing** to the applicant. This form can be made available in Braille or large type upon request.

Part 1 – Reason for your application

Please tick the relevant box

- 1. Moving into Somerset
- 2. Moving within Somerset
- 3. Moving to work at the Hinkley Point site
- 4. Not moving but wanting to change school
- 5. Moving out of Somerset

} **PROOF OF ADDRESS SUCH AS EXCHANGE OF CONTRACT LETTER FROM A SOLICITOR OR A 6 MONTH TENANCY AGREEMENT SIGNED BY YOURSELF AND LANDLORD MAY BE REQUIRED. NOT SENDING THIS INFORMATION MAY RESULT IN AN UNNECESSARY DELAY IN YOUR CHILD BEING OFFERED A SCHOOL PLACE**

Part 2 - Pupil Details

Child's Legal Surname: _____		Child's Forename(s): _____	
Date of Birth: _____		Male / Female (please circle)	
Current Address: _____ _____ _____		(If applicable)Address moving to: _____ _____ _____	
Postcode: _____	Date since _____	Postcode: _____	Date if moving: _____
Current/Previous School: _____			If Previous school, last date on roll: _____
Address: _____ _____ _____			

Have you previously applied for a place at this school?

YES / NO (please circle)



Part 3 – Supporting Information

Your answers to the following questions are very important and the Admissions Authority will use this information in conjunction with the published over-subscription criteria to help determine whether your child has a priority for a place at your preferred school.

1.

Has your child previously been in care and is now formally adopted?	YES / NO (please circle)
Is this application for a child currently in the care of a Local Authority?	YES / NO (please circle)
If Yes , which Local Authority? :	_____
Name of Social Worker:	_____
Contact Number:	_____
If you have answered Yes to either of the questions above, has the Virtual School been consulted about a change of school?	YES / NO (please circle)
If not , please ensure you send a copy of this application form to thevirtualschool@somerset.gov.uk before submitting this form to the preferred school.	

2.

Does your child have an Education Health and Care Plan or a Statement of Special Educational Needs (SEN)?	YES / NO (please circle)
If YES please speak to the SEN Casework Team by contacting 0300 123 2224. <u>If your child does have an Education Health and Care Plan or a Statement of Special Educational Needs you do not need to complete this form.</u>	
If NO , do you believe there are important medical or special needs reasons why a place should be allocated at one of your preferred schools (This does not YES / NO (please circle) guarantee a place, but the Admissions Authority may need to consider this information in connection with published over-subscription criteria)	
Does your child have any specific disability of which a school should be aware? YES / NO (please circle) If Yes, please supply any relevant information.	

3.

Does your child hold EEA (European Economic Area) citizenship?	YES / NO (please circle)
If you have indicated ' No ', please attach a copy of your child's immigration documents.	

4. Will there be any siblings on roll at your preferred school at the time the school place is required? The sibling(s) must be resident at the same address.

If **YES** please provide details of each sibling(s):

Child's Legal Surname:	Child's Forename(s):
Date of Birth:	Male / Female (please circle)
School child attends:	Child's current Year

Child's Legal Surname:	Child's Forename(s):
Date of Birth:	Male / Female (please circle)
School child attends:	Child's current Year

5.

Are either parents/carers members of staff at the preferred school?	YES / NO (please circle)
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6. Fair Access Criteria – please tick if any of the following applies to your child. (Please note that ticking one of the boxes below does not guarantee a place at your preferred school. It will enable the Fair Access Protocol to be invoked should you be unable to secure a school place under the normal in year admission process)

a) Children from the criminal justice system or Pupil Referral Unit or alternative provision who need to be reintegrated into mainstream education	
b) Children who have been out of education for two months or more	
c) Children of Gypsies, Roma, Travellers, refugees and asylum seekers	
d) Children who are homeless	
e) Children / family working with Children's Social Care or Health professional	
f) Children who are carers	
g) Children with special educational need, disabilities or medical conditions (but without statement)	
h) Children known to the police or a number of other agencies	
i) Children who have to move school because of domestic violence (whether staying in a refuge or with friends/other relatives)	
j) Children in Year 6 and Year 10 pupils (from summer term)	
k) Children in Year 11	
l) Children of UK Service Personnel	
m) Any other children who arrive in Somerset outside the normal admissions round who have difficulty securing a place	
n) Children at risk of permanent exclusion from school	
o) Children whose behaviour is a cause for concern	
p) Children with poor attendance of 85% or less in the current or previous academic year	

Part 4 - Applicant's Details

Title: Mr/Ms/Mrs/Miss/Other (please state)	
Parent/Carer's Surname:	Parent/Carer's Forename:
Relationship to child:	



Data Sharing – the personal data provided will be shared with early years settings, health authorities, schools, academies and free schools and may also be shared with other SCC service providers, the Department for Education, Somerset County Councils software supplier and School Appeal Panels. If you are applying for a school outside

Somerset it may be shared with other Local Authorities and schools and academies in their area. Data may be shared by schools with a private admissions provider. If you indicate you are moving to work at the Hinkley Point site statistics will be shared with EDF Energy but no personal data will be shared. SCC will not disclose this information to any unauthorised person or body.

Transfers abroad: this data is held within the EU and is accessible by the approved application provider. **Data**

Retention: The personal data supplied on this form will be retained for as long as is necessary to meet our statutory requirements and legitimate interests and it will be disposed of in a manner appropriate to its sensitivity.

Your Rights: You have the right to ask Somerset County Council to a copy of your data, the right to rectify or erase your personal data, and the right to object to processing. However these rights are only applicable if the Council has no other legal obligation concerning that data. You also have the right to complain to the regulator, <https://ico.org.uk/> **Consequences:** For sections 1 to 7: If you do not supply this information to us, we will not be able to process your application for a school place for your child.

For more information see www.somerset.gov.uk/privacy

Signature of Parent/Carer/ Guardian:

Date:

Part 6 – Submitting your application form

When you are satisfied that you have provided all the relevant information on your application form and any necessary Supplementary Information Form(s) including proof of address, please ensure that you have signed the declaration in Part 5 and then submit your completed application to:

St Dunstan's School Admissions

**Wells Road
Glastonbury
Somerset
BA6 9BY**

or email to secretary@stdunstansschool.com



Sections 7 and 8



IMPORTANT INFORMATION

The information requested in parts 7 and 8 **will not** be used to make the decision whether or not to offer your child a school place. This information is used solely for the purpose of identifying whether your child meets the criteria for consideration under Fair Access and to assist the new school with planning for your child's admission. You will be neither advantaged nor disadvantaged by completing these sections.

Moving school for whatever reason is a very important decision to make.

The Local Authority would strongly advise you to:

1. Discuss the move with your child's current school before taking the decision to transfer your child to another school.
2. Visit your all preferred schools before making an application

Part 8 to be completed by parent/carer

Part 9 to be completed by current or previous school

There is no statutory requirement to complete sections 7 and 8 however we would encourage you to consider sharing information about your child.

By signing I understand that any information provided in sections 7 and 8 will be shared with the schools for which I have made a preference.

Please tick the box if you would like the Admission Authority to obtain the information contained in part 9 from your child's current or previous school on your behalf

Print name: _____

Signature of parent / Guardian: _____

If completed, please send sections 8 and 9 with your application form to your preferred school.

Not to be used to make a decision as to whether or not a place is offered. This information is to be used for the purposes of assisting the new school with planning for your child's admission.

Part 7 – Additional Information

Reason for leaving

Permanently excluded

Fixed term excluded

Other (Please provide details)

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Why do you want your child to change school? (Please give as much further information as you can, using a separate sheet if required.)

I have discussed my reasons for wanting to change school with my child's current school.

Please provide the name of the person(s) you have spoken to at your child's current school –

Date of any meetings -

(Please tick all relevant boxes below)

- | | |
|---|---|
| Parent Family Support Advisor (PFSA) <input type="checkbox"/> | Access Liaison Officer <input type="checkbox"/> |
| Medical tuition team <input type="checkbox"/> | Educational Psychologist <input type="checkbox"/> |
| Children's Social Care <input type="checkbox"/> | Child and Adolescent Mental Health Service <input type="checkbox"/> |
| Behaviour Support Worker <input type="checkbox"/> | Physical Impairment Team <input type="checkbox"/> |
| Elective Home Education Team <input type="checkbox"/> | Traveller Education Service <input type="checkbox"/> |
| Safeguarding Children Team <input type="checkbox"/> | Speech, Language and Communication Team, <input type="checkbox"/> |
| Autism Team <input type="checkbox"/> | Children's Autism Outreach Team <input type="checkbox"/> |

Other – (Please specify)

Have any of the following services been involved with your child in the last 3 years? **YES / NO** (please circle)

Is your child attending school regularly? Yes No

If no, is an Education Attendance Officer involved? Yes No If your child is not attending regularly, please state why.

Not to be used to make a decision as to whether or not a place is offered. This information is to be used for the purposes of assisting the new school with planning for your child's admission.

Part 8 – Information for your child’s current or previous school to complete

In Year Admissions Additional Information

Please ask an appropriate member of staff at your child’s current school, for example the Headteacher or Head of Year to complete and sign this form. Please note there is no statutory requirement to complete this section.

Pupil’s name	Date of Birth
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Attendance %	Period covered
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Additional Needs					
School Action	Yes	No	School Action Plus/pupil specific funding	Yes	No
Individual Education Plan or Pastoral Support Plan	Yes	No	EHCP/Statement of SEN	Yes	No

Agencies involved –

N.C. SATS Levels	Maths	English	Science
KS1			
KS2			
KS3			

CATS Score	Verbal	Non Verbal	Quantitative	Mean

Options for Y10/11students	
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Student Strengths/Interests/Achievements	
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Please indicate based on the student’s last progress report. Is the student –

Academically confident	YES	1	2	3	4	5	No
Stable peer relationships	YES	1	2	3	4	5	No
Well motivated	YES	1	2	3	4	5	No
Behaviour	Outstanding	1	2	3	4	5	Poor

Medical history / concerns	
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Other relevant information you would like to make the receiving school aware of:

Print name:

Position in school:

Signature:

