**Admission to a Flintshire School By Transfer (Mid Phase)**

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| **Child’s Name:**  | **Date of Birth:**  |
| **Male [ ]  Female [ ]**  |
| **Child’s Address:** |
|  |
|  **Postcode:** |
| **Parent/Guardian’s Name:** |
|  |
|  **Postcode:** |
| **Tel No: Daytime** **Evening**  |

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| **Child’s Previous School** |  |
| **Reason for Leaving** |  |
| **Requested Date of transfer** |  |

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| **Requested School** |  |
| **Reason for joining** |  |
| **Start Date** |  |

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| **Does your child have a statement of special educational needs** | **Yes [ ]  No****[ ]  Please tick** |
| **Please specify: School Action [ ]  School Action Plus [ ]  Statement [ ]  Please tick** |
| **Does your child have a disability** | **Yes [ ]  No [ ]  Please tick** |
| **If yes please give brief details**  |
| **Please note here any other difficulties which may affect your child’s education (whether educational, medical, physical, behavioural or emotional)** |

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| **Declaration:****I understand that by entering my child’s name I am expressing a preference for this school but that it does not guarantee a place at this school** |
| **S****ignature of parent/guardian** |  **Date:** |
| **Signature of Headteacher** |  **Date:** |
| **No of pupils currently in requested year group** |  |

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| **Agreed by LA** |  |

**The data requested will be stored on LA and school management information systems and used for educational purposes. Every effort will be made to ensure the accuracy and security of personal data held.**