

Secondary Transfer Application Form 2012

For children born between 1/9/2000 and 31/8/2001



ISLINGTON

In partnership with



This form should be completed by Islington residents only. If you live outside Islington, you must complete the form available from the local authority where you live.

Completed forms must be returned by 31 October 2011

1. Your Child's Details

First name (BLOCK CAPITALS)	Date of birth.....
Last name (BLOCK CAPITALS)	Gender BOY / GIRL (PLEASE CIRCLE)
Address	
Postcode	
1) What is the name of your child's current school?	
2) Does your child have a statement of special educational needs? (PLEASE CIRCLE)	Yes No
3) Is your child looked after by a Local Authority (eg foster care)? (PLEASE CIRCLE)	Yes No
If yes, please give the name of the local authority.....	

2. Parent/Carer's Details

Parent/Carer 1 Title (PLEASE CIRCLE) Mr Mrs Miss Ms Other (PLEASE STATE)

First name (BLOCK CAPITALS) Surname (BLOCK CAPITALS)

Telephone number: Day Evening Mobile

Email address

Address (IF DIFFERENT FROM CHILD)

Postcode

Relationship to child (Please Tick)	Carer* <input type="checkbox"/>	Step Father <input type="checkbox"/>
Father <input type="checkbox"/>	Other Family Member <input type="checkbox"/>	Step Mother <input type="checkbox"/>
Mother <input type="checkbox"/>	Foster Father <input type="checkbox"/>	Other <input type="checkbox"/>
	Foster Mother <input type="checkbox"/>	

If other please state

Do you have parental responsibility for this child? (PLEASE CIRCLE) Yes No

Are you a member of the Armed Forces or a Crown Servant applying for a school place as a result of posting? (PLEASE CIRCLE) Yes No

If YES, please specify

Please provide your council tax account number

Parent/Carer 2 Title (PLEASE CIRCLE) Mr Mrs Miss Ms Other (PLEASE STATE)

First name (BLOCK CAPITALS) Surname (BLOCK CAPITALS)

Telephone number: Day Evening Mobile

Email address

Address (IF DIFFERENT FROM CHILD)

Postcode

Relationship to child (Please Tick)	Carer* <input type="checkbox"/>	Step Father <input type="checkbox"/>
Father <input type="checkbox"/>	Other Family Member <input type="checkbox"/>	Step Mother <input type="checkbox"/>
Mother <input type="checkbox"/>	Foster Father <input type="checkbox"/>	Other <input type="checkbox"/>
	Foster Mother <input type="checkbox"/>	

If other please state

Do you have parental responsibility for this child? (PLEASE CIRCLE) Yes No

Are you a member of the Armed Forces or a Crown Servant applying for a school place as a result of posting? (PLEASE CIRCLE) Yes No

If YES, please specify.....

Please provide your council tax account number

* You have a duty to inform the local authority if the child is fostered through a private arrangement with the child's birth family. Private fostering refers to carers who are NOT step-parents, grandparents, siblings, aunts or uncles and who do NOT hold parental responsibility.

3. Secondary School Preferences

Preference 1 – Name of school DFE code

Local Authority

Name of brother or sister attending preference 1 school Date of birth

Do you have a social or medical reason for applying to this school? (PLEASE CIRCLE AND PROVIDE SUPPORTING PROFESSIONAL EVIDENCE) Yes No

Do you have another reason for applying to this school? (OPTIONAL)

Preference 2 – Name of school DFE code

Local Authority

Name of brother or sister attending preference 2 school Date of birth

Do you have a social or medical reason for applying to this school? (PLEASE CIRCLE AND PROVIDE SUPPORTING PROFESSIONAL EVIDENCE) Yes No

Do you have another reason for applying to this school? (OPTIONAL)

Preference 3 – Name of school DFE code

Local Authority

Name of brother or sister attending preference 3 school Date of birth

Do you have a social or medical reason for applying to this school? (PLEASE CIRCLE AND PROVIDE SUPPORTING PROFESSIONAL EVIDENCE) Yes No

Do you have another reason for applying to this school? (OPTIONAL)

Preference 4 – Name of school DFE code

Local Authority

Name of brother or sister attending preference 4 school Date of birth

Do you have a social or medical reason for applying to this school? (PLEASE CIRCLE AND PROVIDE SUPPORTING PROFESSIONAL EVIDENCE) Yes No

Do you have another reason for applying to this school? (OPTIONAL)

Preference 5 – Name of school DFE code

Local Authority

Name of brother or sister attending preference 5 school Date of birth

Do you have a social or medical reason for applying to this school? (PLEASE CIRCLE AND PROVIDE SUPPORTING PROFESSIONAL EVIDENCE) Yes No

Do you have another reason for applying to this school? (OPTIONAL)

Preference 6 – Name of school DFE code

Local Authority

Name of brother or sister attending preference 6 school Date of birth

Do you have a social or medical reason for applying to this school? (PLEASE CIRCLE AND PROVIDE SUPPORTING PROFESSIONAL EVIDENCE) Yes No

Do you have another reason for applying to this school? (OPTIONAL)

Privacy Notice: London Borough of Islington will handle the information you have provided in line with the provisions of the Data Protection Act. Any personal information will be held in confidence with only the necessary people able to see or use it. Under the Data Protection Act you have the right to make a formal request in writing for access to personal data held about you or your child.

Islington has a duty under the Children's Act 2004 to work with partners to provide and improve services to children and young people in the area. Therefore Islington may also use this information for other legitimate purposes and may share this information where necessary with other bodies responsible for administering services to children and young people. Islington also has a duty to protect the public funds it administers, and to this end it may use the information you have provided on this form for the prevention and detection of fraud.

For more information please contact the Family Information Service on 0207 527 2000 or email FIS@islington.gov.uk or visit the web page: www.islington.gov.uk/legal

Declaration

I confirm that the information I have provided on this form is correct. I understand that you may request further evidence to verify the information provided. I understand that the information on this form may be shared in accordance with the privacy notice above.

If you deliberately provide false information you must expect that we will withdraw any offer of a school place.

Signed..... Date.....

Application deadline 31 October 2011