

Copy passed to	
School Admissions	

Application for a Change of School (In-Year) 2024-2025

Please complete one application form per child. Failure to complete all sections of this form may delay your child's application. Please use black ink and capitals

IMPORTANT: YOUR CHILD'S BIRTH CERTIFICATE OR PASSPORT AND PROOF OF YOUR HOME ADDRESS MUST BE SUPPLIED WITH THIS FORM AND BOTH DECLARATIONS NEED TO BE SIGNED IN SECTION 5 AND SECTION 7 Acceptable proof includes: a copy of your council tax, gas or electricity bill (within last 6 months) child benefit or family tax credit letter. (please note tenancy agreements are not an acceptable form of proof) Failure to provide acceptable proof will affect your child's eligibility for a place in the school.

To be completed by parent/Carer 1 Student information Current Year Group:

First name:	Family name:
Date of Birth:	Male/Female:
Address:	
Postcode:	Contact Telephone number:
Parent/carer's Email:	Home Telephone number:
Any siblings attending Bournville School:	Yes No
Names of Siblings and Year group:	

2. Children transferring from a school in the UK

If your child is not currently in school or is being home-schooled please state last UK school attended. This is required before the application can be processed.

	<u> </u>
Name of Present School or last UK School attended:	School Address:
School Telephone Number:	Please give the name of the child's Form Tutor or Head of Year at the school:
Has the transfer been discussed with the present school? Yes / No	If not currently attending school please state reason and date of leaving last school:
Has your child every been excluded from school:	

	please complete this information:
Date arrived in the UK:	Country of birth:
School attended overseas:	
l. It is essential you tell us the reason Tlease fill in the box below	is you want to transfer schools.
admit their fair share of children with ch	ss Protocol. This Protocol exists to ensure that all schools nallenging behaviour. In order to assist the Admissions buld be considered for a place using this protocol pleasins?
Has your child ever been suspended o	or had an OSD move from any school? YES / NO
,	•
Does your child have challenging beh	aviour? YES / NO
If yes, please give dates of fixed term o	and/or permanent exclusions and/or OSD move:
If yes please give any details of challe	nging behaviour:
Are there any other agencies involved	I with your child? YES / NO
If yes, please provide details and any o	
Please provide any other information th	hat is relevant to this application here:
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5. To be completed by the parent/carer

2. To be completed by the paremy caref				
DECLA	RATION AND CONSENT TO SI	HARE INFORMATION		
service providers to ensure	that your child receives an one found in the parents' inform	pe shared with other agencies and appropriate service. The full Data nation booklets online at		
	and willingly provides a fals they may have the school pl	e statement which would affect the ace withdrawn.		
•	n I have provided is correct only offer of a school place be	and that I am aware that giving false ing withdrawn.		
I give my consent for the so agencies in order to valida		lacements service to contact relevant		
Title: e.g. Mr/Mrs/Ms/Miss:				
Full Name (Please Print):				
Email Address:				
Home telephone number	Work telephone number	Mobile telephone number		
Relationship to child:	Mother□ Father□ Fan	nily member (live in same household) 🗆		
Step-parent \square Relative \square Social Worker \square Foster Parent \square Other (Please give details) \square				
Signature of parent or care	r:	Date:		

6. To be completed by the previous school

To be completed by Headteacher/Principal of your child's current or most recent school (required when the student is moving from a UK maintained school). The application could be delayed if this section is incomplete.	
I confirm that the information provided by the applicant on this application is correct: \Box Yes \Box No (please tick)	
Name of person completing this declaration:	
Position:	
Signature:	
Additional Needs (Behaviour, Learning, Access): Please provide details, including any support school currently provides/adjustments that school has in place for the student (e.g. EHCP, IEP or PSP) ——————————————————————————————————	

Authorised absence figure (%)
Admonsed absence ligure (%)
Unauthorised absence figure (%)
Is the student supported by other agencies? (e.g. is there a current previous CAF, CAMH, or Social Work proffesional involvement etc.
Please provide any additional information here:
MPORTANT: Note to Parent/Carers: If your preferred school is unable to offer your child a place, please contact staff in School Admissions on 0121 303

Please note you are required to submit proof of address e.g. Council Tax bill, proof of residency e.g. Electric bill (within the last 6 months) and proof of your child's date of birth e.g. birth certificate or current passport with this application form Incomplete forms will not be processed and will be returned

- I certify that I am the person with parental responsibility for the child named on this form and that the information given is true to the best of my knowledge and belief.
- I understand that any false or deliberately misleading information given on this form and/or any supporting information may render this application invalid, or lead to the offer of a place being withdrawn.

7. Please sign this form

Signed Parent/Carer:	Date: