

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 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:

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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.

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 suspended or permanently excluded from school:	

Date arrived in the UK:	
	Country of birth:
School attended overseas:	Country of birm.
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Whatis you immigration status	
What is you immigration status	
4. It is essential you tell us the reasons	you want to transfer schools
· · · · · · · · · · · · · · · · · · ·	you want to numsier schools.
Please fill in the box below	
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•	Protocol. This Protocol exists to ensure that all schools
admit their fair share of children with chal	llenging behaviour. In order to assist the Admissions
Authority in determining if your child should	d be considered for a place using this protocol please
could you answer the following questions	Ś
Has your child ever been suspended or	had an OSD move from any school? YES / NO
, co. ca c.c. acci. ccop caca c.	
Does your child have challenging beha	iviour? VES / NO
boes your clina have chancinging bena	141001: 123 / 140
If you please give dates of fixed term as	nd/or permanent exclusions and/or OSD move:
If yes please give any details of challen	·
il yes piedse give dily delalis of challell	iging bendyloor.
Are there any other agencies involved v	with your child? YES / NO
Are there any other agencies involved will be a provide details and any displacements.	
If yes, please provide details and any di	ifficulties your child is experiencing:
	ifficulties your child is experiencing:
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5. To be completed by the	e parent/carer	
DECLA	RATION AND CONSENT TO	SHARE INFORMATION
service providers to ensure	e that your child receive be found in the parents' i	nay be shared with other agencies and s an appropriate service. The full Data information booklets online at
If a parent/carer knowingl success of this application		a false statement which would affect the pool place withdrawn.
I certify that the informatio information may result in a	•	ect and that I am aware that giving false e being withdrawn.
I give my consent for the so agencies in order to valido		oil placements service to contact relevant
Title: e.g. Mr/Mrs/Ms/Miss:		
Full Name (Please Print):		
Email Address:		
Home telephone number	Work telephone number	er Mobile telephone number
Relationship to child:	Mother□ Father□ I	Family member (live in same household)
Step-parent □ Relative details) □	□ Social Worker □ I	Foster Parent Other (Please give
6. To be completed by th	e 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)
Attendance (%)

Authorised absence figure (%)			
Unauthorised absence figure (%)			
Is the student supported by other agencies? (e. Social Work professional involvement etc.	g. is there a	a current previous CAF, CAMH, or	_
Has this student received a suspension If yes please provide details:	Yes	No	
Has this student been permanently excluded If yes please provide details:	Yes	No	
Has this student been placed on an OSD If yes please provide details:	Yes	No	
Please provide any additional information here	:		
IMPORTANT: Note to Parent/Carors			

If your preferred school is unable to offer your child a place, please contact staff in School Admissions on 0121 303 1888 (Option 4) who will be pleased to offer advice and guidance on what to do next.

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: