IN-YEAR SCHOOL PLACE APPLICATION FORM

Applying for an in-year transfer to an Oxfordshire school during the 2023/24 academic year (5 June 2023 to 30 June 2024)

Please read the notes carefully before completing this form.

Please complete in CAPITAL LETTERS

Home telephone number

Please photograph/scan this completed form and email to:

admissions.schools@oxfordshire.gov.uk

Or post to School Admissions Team at: County Hall, New Road, Oxford, OX1 1ND

Office Use Only				
Date Received				
	Added 🗖			

SECTION 1: Child's details								
Legal Surname			Forename					
Known by a different name? State it here			Middle Names					
Address				Male /	Female			
					Date of Birth			
				Day	Month	Year		
	Postcode							
Your child's current or most recent school or provision								
If this provision is not in Oxfordshire, tell us address and								

contact details **SECTION 2: Parent (Applicant) details** (Title Prefix, e.g. Mr/Mrs/Miss/Ms etc) Name(s) of parent / carer living at home address in Section 1 Relationship to child (e.g. mother / father) **Email address** Alternative telephone Home telephone number number (e.g. mobile) (Title Prefix, e.g. Mr/Mrs/Miss/Ms etc) Name(s) of other person with parental responsibility for the child in Section 1 Address (if different from address in Section 1) Relationship to child (e.g. mother / father) **Email address** Alternative telephone

number (e.g. mobile)

Tell us when you want your child to sta may not be processed immediately.	rt the new s	chool. If the start date is more	than six wee	ks al	head	, you	r ap	plication
Day / Month / Year (or Month / Year)								
SECTION 4: Your preference	es							
Use the boxes below to list up to four s your child to attend first in the list. If yo							mos	st like
First (1st) Preference School			School Code No. Office Use				Office Use	
Any brothers or sisters attending this school? Please give name(s) and	Name		Name					
date(s) of birth here	DoB		DoB					
Reasons for your preference You can use Section 5 if you need me								
Second (2nd) Preference School [opti	onal]			Sch	ool C	ode N	No.	Office Use
Any brothers or sisters attending this school? Please give name(s) and	Name		Name					
date(s) of birth here	DoB		DoB					
Reasons for your preference. You can use Section 5 if you need more space								
Third (3rd) Preference School [options			Sch	nool C	ode I	No.	Office Use	
Any brothers or sisters attending this school? Please give name(s) and	Name		Name					
date(s) of birth here	DoB		DoB					
Reasons for your preference. You can use Section 5 if you need more space								
Fourth (4th) Preference School [optional] School Code No. Office Use								
Any brothers or sisters attending this school? Please give name(s) and	Name		Name					
date(s) of birth here	DoB		DoB					
Reasons for your preference You can use Section 5 if you need me								

Child's Name

SECTION 3: Date place wanted

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SECTION 5: Extra Information			
Child has an Education, Health & Care Plan?	YES/NO	If YES, we will NOT process you Oxfordshire SEN Team that you your chi	want a change of school for
Child is 'looked after' or was previously 'looked after' by a Local Authority or was in state-care outside the UK?	YES/NO	If YES, tell us the name of your child's social worker and the Authority (or Country)	
Moving as a new posting as Service or Crown Servant personnel?	YES/NO	If YES, tell us the date of your posting	
Use this space to give further reasons for any of the preferences you have listed in Section 4. These can include philosophical reasons, reasons relating to your religion or that of your child, or reasons which you think are relevant to one or more of the published admissions rules for the school(s)			
SECTION 6: Additional information for	or Own	Admission Authority (OA	A) schools
Some schools will want to see proof that your child of your child's baptismal certificate or a letter from a forward it to all relevant schools on your behalf.			
My child is of the following faith/denomination			
My child has been baptised On (date) At (location)			
Some schools have a supplementary form (SIF) the you send a SIF with this form, the Council will send			olete your application. If
My child is a child of a member of staff who works at the school (name of school, name of staff member and their job)			
	YES/NC		
Child has a disability as defined in the Equality Act 2010? Or your child (or your family) has exceptional medical or social needs? You need to provide written evidence from the		informatiion:	
appropiate professional person involved with your family			
Child eligible for Pupil Premium or Service Pupil Premium? Check online: https://tinyurl.com/OxonPP1 https://tinyurl.com/OxonSPP You will need to provide evidence		YES/NO	

Child's Name

SECTI	ION 7: Change	of address / Mo	ving				
change	•	dress in the space belo	will be changing address? Tell us when you expect your address to w (if you have not already told us in Section 1 or 2 above). You will				
	New address :	start date					
N	lew Address						
New Address							
		Postcode					
SECTI	ION 8: Informa	tion and Declara	tion				
Please r	ead the important ir	nformation below and the	ne declaration before you sign and date.				
•	The co-ordinated in-year admissions scheme allows for a maximum of one school to be offered to the child whose details are in Section 1.						
•	• Subject to the availability of places and the application of the over-subscription criteria for the preferred school(s), the preference(s) listed in Section 4 will be complied with and a place at the highest preferred school will be offered (unless this is not possible because there are no places available or there is a greater number of applicants that have a higher priority for a place using the admissions rules).						
•	If a place cannot be offered at any preferred school(s), and the child lives in Oxfordshire and does not have a secure school place and/or needs a school offer, a place will be offered at the nearest available school with a place instead.						
Please r	note that, if you delik	berately give false infor	mation, your child's offer of a school place may be withdrawn				
	All the information	information I have given on this form is correct to the best of my knowledge.					
	I understand that I am giving my consent that Oxfordshire County Council can process the information in this form for admissions purposes and can share it with other agencies and admissions authorities for admissions purposes only.						
	I understand that Oxfordshire County Council will keep this information securely and that any agency or admissions authority that receives this information for admissions purposes will also keep this information securely.						
	I understand that	Oxfordshire County Co	ouncil will securely destroy this form no later than August 2025.				
		nd that Oxfordshire County Council will keep an electronic record of the content of this form until 30, after which time the electronic record of the content of this form will be destroyed.					
	I understand that August 2030.	at I have the right to request the electronic record of the content of this form to be deleted be					
	application that h	derstand that I can request a copy of the electronic record that Oxfordshire County Council holds about the lication that has been made on behalf of the child whose details are in Section 1 before August 2030 unless ve requested the information deleted before this date.					
(Tick to	confirm you have re	ead and agree to these	statements)				
	Signature		Date				

Child's Name