

THE CATHEDRAL SCHOOL OF ST. SAVIOUR AND ST. MARY OVERIE

IN YEAR TRANSFER FORM

Section 1 – Child's Details

Surname	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth
First Name	Middle Name	Current Year Group
Home Address (at which the child most commonly resides)		
Town/City	Postcode	
Date on which the child moved to this address		
If this was less than a year ago, please also provide their previous address		
Town/City	Postcode	

Section 2 – Parent/Carer's Details

Title	Full Name	
Relationship to Child Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Carer <input type="checkbox"/> Other <input type="checkbox"/>		
If you have selected 'other' please provide details		
E-mail Address	Home Telephone no.	Mobile Telephone no.

Section 3 – Child’s Current and Previous School

Child’s Current School’s Name and Address	Date Started	
Child’s Previous School’s Name and Address	Date Started	Date Left

Section 4 – Reasons for Submitting an In-Year Application

If you are still on roll at another school, have you informed them you are making an in-year application elsewhere? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for which you are making an in-year application?

Section 5 – Other Information

Does your child have an Education, Health and Care Plan (EHCP)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child in the care of the local authority (LAC) or were they in state care immediately prior to adoption (PLAC)? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please supply documentary evidence of this alongside this in-year application form.
Has your child previously been permanently excluded from a school? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state the name of the school and the date from which the permanent exclusion took place

Section 6 – Oversubscription Criteria

Does your child currently have a sibling on the roll of this school? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the name(s) of the sibling(s)
Is your child a child of a permanent staff member at the school Yes <input type="checkbox"/> No <input type="checkbox"/>
I am seeking priority under the faith-based oversubscription criteria, and have completed the school's Supplementary Information Form Yes <input type="checkbox"/> No <input type="checkbox"/>
I am seeking priority under the exceptional medical/social needs criteria, and have provided the necessary supporting professional evidence Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 7 – Parental Declaration

I certify that:	
<ul style="list-style-type: none">• I have read and completed all sections on this form, and have read the school's admission arrangements. http://www.thecathedralschool.co.uk/admissions• I am the person with parental responsibility for the child named in this application, and we ordinarily reside at the address provided.• I am not using a fraudulent address or an address of convenience.• The information I have given is true to the best of my knowledge and belief.• I will notify Cathedral Primary School of any changes to the details in this application as soon as they occur.• Any false, deliberately misleading or withheld information may render this application invalid and could lead to the application being withdrawn.• I have checked and have confirmed my child's eligibility for state-funded education.	
Signature of the parent or carer	Date