

**In-Year Transfer Application Form**

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| **CHILD DETAILS** | Surname: | Forename: |
| Year group applying for: | Date of Birth: | Male/Female: |
| Current Address: (the child’s normal place of residence)  Postcode: | | |
| School currently attending/last school attended: | | |
| Date child left previous school (if applicable): | | |
| Name of Primary School attended: | | |
| Reason for In-Year Transfer application: | | |

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|  | **Yes** | **No** |
| Is your child, or has your child, ever been ‘looked after’ by a Local Authority? If Yes, please attach written evidence. |  |  |
| Does your child have an EHCP (Educational Health Care Plan)? |  |  |
| If there are no current vacancies, do you wish your child to be automatically placed on the waiting list? |  |  |

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| **PARENT/CARER DETAILS** | Title: | Forename: | Surname: |
| Address if different from pupil’s address:  Postcode: | | Phone 1: | |
| Phone 2: | |
| Email Address: | |
| Relationship to Child: | | | |

Please return completed forms to Admissions, either by post (Wellington School, Wellington Road, Timperley, Altrincham, WA15 7RH) or via email ([admissions@wellington.trafford.sch.uk](mailto:admissions@wellington.trafford.sch.uk))

For office use only:

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| Date: |  | Reply: |  |