

Section 3 – Your child’s educational history (please circle)

Is your child currently, or previously, the subject of a Child Protection Plan?	Yes	No
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Have any other services been working with the child? (Please give details)

Is your child in the care of a local authority (children looked after) or were they in care prior to adoption?	Yes	No
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If yes, please state which local authority: (Please enclose a letter from the social worker confirming this)

If your child was previously in the care of a local authority and has since been adopted, or subject to a child arrangements order or special guardianship order, please enclose supporting documentary evidence. Please see the ‘Admission to Richmond’s Primary Schools’ brochure for further information.

Please list the schools your child has attended previously (starting with the current or last school), including schools in other countries, giving the name, address and phone number.

School name and address: Post code: Phone number: Country: Reason for leaving:	Date started:	Date left:
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School name and address: Post code: Phone number: Country: Reason for leaving:	Date started:	Date left:
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If your child is currently attending a local school, please explain your reasons for requesting a transfer. Your child must continue to attend the school while the transfer is being considered. (You may continue on a separate sheet if necessary).

Section 4 – Your preferred schools

You must **only** list schools in Richmond upon Thames (not private schools).

Please check if the schools you are applying for require a supplementary information form to be completed.

First preference

School name:

Details of any sibling:	Surname:	First name:	Date of birth:	Year group:
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Reason for preference (optional):

Second preference

School name:

Details of any sibling:	Surname:	First name:	Date of birth:	Year group:
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Reason for preference (optional):

Third preference

School name:

Details of any sibling:	Surname:	First name:	Date of birth:	Year group:
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Reason for preference (optional):

Fourth preference

School name:

Details of any sibling:	Surname:	First name:	Date of birth:	Year group:
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Reason for preference (optional):

Request for exceptional reasons priority

If there are any exceptional family, social or medical reasons why this child should attend one of the schools named above, please indicate below. **You must provide independent professional evidence to support your request.** (Please see the 'Admission to Richmond's Primary Schools' brochure for more information).

Please state which school you wish these reasons to be considered for:

Are you awaiting the outcome of any applications for schools outside Richmond upon Thames? If so, please name the schools you have applied for below:		
Do you require a school place immediately?	Yes	No
If no, please explain:		
Please note we cannot 'hold' places for pupils. Your child will be expected to start as soon as the place is available.		

Section 5 – Children who are newly arrived in the UK					
Complete this section if the child has recently entered the UK. You will need to supply a copy of your child's passport or appropriate visas before your application can be processed. Please note that you must both be resident in the UK and the child able to take up the place immediately before an application can be made.					
Child's date of entry to the UK:			Child's country of origin:		
How long will your child live in the UK?			What is your child's first language?		
Does your child speak English?	Yes	No	If English is your child's second language, will they need help with this in school?	Yes	No
Does your child have any additional needs that may require support in school? Please detail below.					

The headteacher of your child's current/previous school (if within the UK) must complete this section before you return the form.

Name of school

Section 6 (a) – School background information – To be completed by the current or previous school			
Child's name:		Date of Birth:	Year:
UPN:		Eligible for free school meals:	Yes No
Date on roll at your school:		Is the child still on roll at your school?	Yes No
EYFS GLoD	Y1 Phonics	KS1	Current Attainment
Section 6 (b) – Special Educational Needs (SEN)			
Is the child on the SEN Register? (please circle)			Yes No
If yes, what stage?			
Stage:	Additional support	Statement/EHCP	
Has the child been receiving any additional SEN support? (please specify)			
Section 6 (c) – Attendance			
Please give the total number of sessions absent (to the date this form is completed) for:			
Current academic year:		Previous academic year:	
What may have affected attendance?			
Section 6 (d) – Involvement of other services			
Please indicate if the child has received support from the following: (please circle)			
Social Care/Safeguarding	Family Support	CAMHS/FACT	
Educational Psychology	Education Welfare	Youth Offending Team	
Other:			
Has a Common Assessment Framework (CAF) been completed?			Yes No

Section 6 (e) – Details of any exclusions

Date	Length	Reason

Section 6 (f) – General questions

What are the reasons for the transfer request or the reasons for leaving? If not as a result of a change of address, how do you believe a change of school will make a difference to any current issues?

What strategies have been put in place to support the pupil in your school?

What strategies would you advise the receiving school to put in place?

Are there any educational areas of concern (such as reading, writing, communication)?

Is there any other information to enable us to consider appropriate provision for this pupil (such as domestic situation or other external factors)?

Thank you for completing this form, please give your details below should we require any further information to assist with this application.

Name:	Title:
Phone:	Email:
Date	

Please make sure that all six sections of this form have been completed, as incomplete forms may result in a delay.

Declaration and signature of parent or carer

I confirm that the information I have given on this form is true and correct. I will provide additional information or documentary evidence in connection with this application if requested.

I understand that Council records will be checked to confirm the address I have given on my application is my main home address and that further evidence may be sought from schools or any other source that the council considers appropriate if there are any doubts about the address.

I understand that any false or deliberately misleading information given on this form could lead to the withdrawal of an offer of a primary school place for my child and could lead to legal action.

I have read and understood the admission procedures set out in the online 'Admission to Richmond's Primary Schools' brochure.

I have read, understood and agree to AfC's data use and privacy policy www.achievingforchildren.org.uk/privacy-notice and agree to its terms and conditions (a paper copy can be provided on request).

Date of birth
Please provide a **copy** of one document as proof of your child's date of birth (birth certificate/passport). **Please do not send original documents.**

Address
If you are not a Kingston resident you must provide proof of your address, for example, a current council tax bill.

Signature of parent or carer:	Date:
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Outcome of application

All your preferences will be considered at the same time, regardless of the preference order. A letter will be sent within 20 school days to let you know the outcome of your application.

Please complete and return this form to:
School Admissions
Achieving for Children
Guildhall 2
Kingston upon Thames
KT1 1EU

(Office use only)		
Address check.....	Date.....	Initials.....
Ref to school.....	Start date arranged.....	
Home LA informed		

<mailto:richmond.admissions@achievingforchildren.org.uk>