

**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, evert 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)