

| FOR OFFICE USE ONLY | DATE |
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| Copy passed to School Admissions | |
| | |

Application for a Change of School (In-Year) 2023-2024

Please complete one application form per child. Failure to complete all sections of this form may delay your child's application. Please use black ink and capitals.

| Section 1 | To be completed by parent/carer | |
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IMPORTANT: YOUR CHILD'S BIRTH CERTIFICATE OR PASSPORT AND PROOF OF YOUR HOME
ADDRESS MUST BE SUPPLIED WITH THIS FORM AND BOTH DECLARATIONS NEED TO BE SIGNED IN
SECTION 3 AND SECTION 4

Acceptable proof includes: a copy of your council tax, gas or electricity bill (within last 6 months) child benefit or family tax credit letter. (please note tenancy agreements are not an acceptable form of proof) Failure to provide acceptable proof will affect your child's eligibility for a place in the school.

| CHILD'S DETAILS Child's Name: | | |
|--------------------------------------------------------------|---------------------------------------------------|-----------------------|
| Date of Birth: | | |
| Current Year Group: | | |
| Gender: | MALE | FEMALE |
| HOME ADDRESS | | |
| | | |
| | DO | OCTOODE. |
| | PU | STCODE: |
| School You Wish to Apply For | Details of siblings attending preferred school(s) | Reason for Preference |
| | Name: | |
| FAIRFAX SCHOOL | | |
| | Date of Birth: | |
| Section 2 To be completed by | , norontlogram | |
| Section 2 To be completed by Why do you want to transfer you | r child to another school? | |
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| Current/previous school: | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|---------------------------|
| Address of school: | | | |
| Is your child still attending? | YES | | NO |
| If no, give reason and the la | st date your child att | ended: | |
| | | | |
| Is your child in public care of | or accommodated by | a local authori | ty (a looked after child) |
| YES | or accommodated by | a local addition | NO |
| If yes, which local authority | ? | | |
| Please give the name of the | social worker and a | contact telepho | one number: |
| Name: | | Telephone: | |
| In Birmingham we operate a Fair Access Protocol. This Protocol exists to ensure that all schools admit their fair share of children with challenging behaviour. In order to assist the Admissions Authority in determining if your child should be considered for a place using this protocol please could you answer the following questions? | | | |
| Has your child ever been ex | | | |
| If yes, please give dates of f | ixed term and/or per | manent exclusi | ions and/or managed move: |
| | | | |
| | | | |
| Are there any other agencie | | | |
| If yes, please provide details | s and any difficulties | your child is e | xperiencing: |
| | | | |
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| | | | |
| Please provide any other inf | formation that is rele | vant to this and | plication here: |
| Thease provide any other in | ormation that is rele | | oneation here. |
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To be completed by parent/carer

DECLARATION AND CONSENT TO SHARE INFORMATION

The information provided on this application form may be shared with other agencies and service providers to ensure that your child receives an appropriate service. The full Data Protection statement can be found in the parents' information booklets online at www.birmingham.gov.uk/schooladmissions

If a parent/carer knowingly and willingly provides a false statement which would affect the success of this application they may have the school place withdrawn.

| Section 4 | To be completed by Headteacher/Principal of your child's current or most recent school (required when the student is moving from a UK maintained school). The application could be delayed if this section is incomplete. | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| I confirm that | the information provided by the applicant on this application is correct: No (please tick) | | |
| Name of pe | erson completing this declaration: | | |
| Position: | Position: | | |
| Signature: | | | |
| Additional Needs (Behaviour, Learning, Access): Please provide details, including any support school currently provides/adjustments that school has in place for the student (e.g., EHCP, IEP or PSP) | | | |
| Attendance (%) Authorised absence figure (%) Unauthorised absence figure (%) | | | |
| | ent supported by other agencies? (e.g., is there a current previous CAF, CAMH, or Social ssional involvement etc. | | |
| Please pro | vide any additional information here: | | |

IMPORTANT: Note to Parent/Carers:

If your preferred school is unable to offer your child a place, please contact staff in School Admissions on 0121 303 1888 (Option 4) who will be pleased to offer advice and guidance on what to do next.

Contact Fairfax on 0121 378 1288