In-Year Transfer Application Form
For Voluntary Aided, Academies and Free Schools

www.rbwm.gov.uk
Royal Borough of Windsor & Maidenhead

This form should be returned directly to the school, along with any Supplementary Information Form (SIF) required by the school. Please ensure you read the Guide to In-Year Admissions available on our admissions website as well as the school's admissions policy before completing this application form.

Please fill in this form using black or blue ink and CAPITAL LETTERS

VOLUNTARY AIDED, ACADEMIES AND FREE SCHOOLS

Use this form only if you wish to apply for one of the schools listed below

Altwood CE Secondary	Desborough College	St Francis Catholic Primary
Bisham CE Primary	Eton Porny CE First	St Luke's CE Primary
Braywick Court Free	Furze Platt Senior	St Mary's Catholic Primary
Burchetts Green CE Infant	Holy Trinity CE Primary (Sunningdale)	St Michael's CE Primary
Charters	Holyport CE Primary	St Peter's CE Middle
Cheapside CE Primary	Holyport College (Day places only)	The Royal
Churchmead CE Secondary	Knowl Hill CE Primary	Trevelyan Middle
Clewer Green CE First	Lowbrook Academy	Trinity St Stephen CE First
Cookham Dean CE Primary	Newlands Girls'	White Waltham CE Academy
Cox Green	Oakfield First	Windsor Boys'
Datchet St Mary's CE Primary	St Edmund Campion Primary	Windsor Girls'
Dedworth Green First	St Edward's First	Woodlands Park Primary
Dedworth Middle	St Edward's RFE Middle	

WHICH SCHOOL ARE YOU APPLYING FOR?

Name one school only

School Name	
Date school place is required ***Please circle ASAP or enter a specific date***	**ASAP or DATE: _____**

YOUR CHILD'S DETAILS

As stated on birth certificate

Forename: _____ Middle Name: _____ Surname: _____

If your child is known by any other name, please enter it here: _____

Date of Birth: _____ Gender: _____

Current/Most Recent School: _____

Date school was last attending: _____

Home Address *(This must be your child's current, permanent address)***: _____**

_____

Postcode: _____

PARENT/CARER DETAILS – PARENT 1

Title: _____ **Forename:** _____ **Surname:** _____

Relationship to Child: _____

Tel (Mobile)**:** _____ **Tel** (Home)**:** _____ **Tel** (Work)**:** _____

Email: _____

Address *(If different)***:** _____

_____ **Postcode:** _____

PARENT/CARER DETAILS – PARENT 2

Title: _____ **Forename:** _____ **Surname:** _____

Relationship to Child: _____

Tel (Mobile)**:** _____ **Tel** (Home)**:** _____ **Tel** (Work)**:** _____

Email: _____

Address *(If different)***:** _____

_____ **Postcode:** _____

PARENTAL RESPONSIBILITY

Tick the appropriate box or circle the appropriate answer for each question

Please circle or tick the term that best describes your relationship to the child. PARENT STEP-PARENT FOSTER PARENT ADOPTIVE PARENT CARER WITH PARENTAL RESPONSIBILITY OTHER ***If 'other'**, please explain here. This may include a professional working on behalf of a family:*		
Is your child in the care of the Local Authority or have they previously been in the care of a local authority, either in the UK or overseas? (LAC/PLAC) ***If yes**, please attach documentary evidence.*	YES	NO
Is your child privately fostered? If a child is privately fostered, it means they are cared for by someone other than the parent without the involvement of the local authority. **If *yes**, please attach documentary evidence including the contact details of the private fosterer, and the reasons for this arrangement*	YES	NO
Is the child living with you due to a court agreement? ***If yes**, please attach any documentary evidence available. If this evidence involved sealed records, please get legal advice or permission so that appropriate documents can be shared.*	YES	NO
Is the child's parent or carer a Crown Servant or actively serving in a military role?	YES	NO

PLEASE RETURN THIS FORM DIRECTLY TO THE SCHOOL YOU ARE APPLYING FOR

ADDITIONAL DETAILS

Tick the appropriate box or circle the appropriate answer for each question

Does your child have an Education, Health and Care Plan (EHCP)? ***If yes**, please contact the SEND team on cypds@achievingforchildren.org.uk or your own home local authority if you reside outside of RBWM. If a child has an EHCP, you cannot use this form to apply and must apply through your SEND team.*	YES	NO
Are you applying for a school place under Social and Medical grounds? ***Not applicable to all schools**. See Social/Medical criteria in the Guide to In-Year Admissions.*	YES	NO
Is the child part of a multiple birth, e.g. twin or triplet, or is there another sibling in the same academic year group as this child? ***If yes**, please give details here:* _____	YES	NO
Is the child newly arrived in the UK? ***If yes**, please ensure you fill in the 'For New Arrivals' section below*	YES	NO

***N.B.: Government guidelines on educating non-UK citizens can be found here.**

FOR NEW ARRIVALS TO THE UK ONLY (Please skip this section if it is not relevant to you)

Date of arrival to the UK:	
Country arrived from (i.e. the last country you passed through before arriving in the UK):	
Country of origin, if this is different from the previous answer	
Language/s spoken fluently by the child:	
Language/s spoken fluently by the parents or carers:	

***N.B.: Please be aware that we ask for the languages spoken to ensure parents and carers understand their statutory rights and responsibilities, and to support the children to access the curriculum, if necessary. Languages spoken bear no relevance to admission criteria, and admissions will not use this information to determine whether a child is offered a place at the school.**

ATTENDANCE SUPPORT INFORMATION

Tick the appropriate box or circle the appropriate answer for each question. This information is gathered to support the successful integration of a child into a new school.

Is your child currently enrolled in a school?	YES	NO
Is your child currently registered for Elective Home Education?	YES	NO
Has your child been absent from school for a total of more than 4 weeks in the last academic year?	YES	NO
Has your child ever been given a fixed term exclusion from school?	YES	NO
Has your child ever been permanently excluded from a school?	YES	NO
Have you had contact with an Education Welfare Officer or Social Services?	YES	NO

PLEASE RETURN THIS FORM DIRECTLY TO THE SCHOOL YOU ARE APPLYING FOR

***If you have ticked 'YES' for any of the above, please provide details (i.e. dates and reasons for exclusions/absences and contact details of EWO's/Social Workers) here:**

Use and attach a separate sheet if required

TRANSFER DETAILS

Are you transferring schools due to a change of address? ***If yes**, please provide details of your new address and your approximate move in date below.*	YES	NO
Are you requesting to transfer schools but NOT moving address? ***If yes**, please state your reasons for transferring schools below.*	YES	NO
Are you a Service/Crown Servant family due to move into the area? ***If yes**, please provide evidence of posting.*	YES	NO

***Please note your reasons for transfer, including any previous/new addresses here:**

Tick all reasons that apply to your situation or explain in your own words in the space below. Please note that a reason for transfer must be provided.

- **The child has a LAC / PLAC background and is moving house or placement**
- **This is my catchment area school**
- **This is the closest school to my home**
- **I want a coeducational school for my child**
- **I want a single-sex school for my child**
- **I have social and / or medical reasons for applying here, that I explain below**
- **I am applying here because of the school's religious ethos**
- **I am applying here because the school has no religious ethos**
- **A sibling is attending this school, and I have filled in the sibling section below**
- **This school is easy to travel to**
- **I am a staff member of this school**
- **Any other reason (please explain below)**

Use and attach a separate sheet if required

PLEASE RETURN THIS FORM DIRECTLY TO THE SCHOOL YOU ARE APPLYING FOR

SIBLING INFORMATION

Does your child have a sibling currently attending the school you are applying for? *Brother or sister – this includes half, adopted, or foster sibling who lives in the same family unit, and resident the same address*	YES	NO

If you have ticked yes, please provide details below:

	NAME	DATE OF BIRTH	SCHOOL ATTENDING
Sibling 1:			
Sibling 2:			
Sibling 3:			

DECLARATION

I confirm that I have read the information in the 'Guide to In-Year Admissions' available online at the link provided. I confirm that I am the parent/carer of this child, and I have the agreement of all people with parental responsibility to make this application, or there is a court order allowing this application. I declare that the information I have given on this form is correct and complete. I understand that providing any fraudulent or intentionally misleading information on this application may result in legal consequences.

I enclose:
a) supporting evidence if applying for a looked after child
b) supporting evidence if applying under social / medical grounds
c) If I am moving house, confirmation that my house purchase is legally binding or a formal lease agreement and evidence that I have completed the sale of, ceased rental at, or no longer have access to my previous property. I have also enclosed a copy of three utility bills or other official government correspondence, as well as a current council tax statement (if available or applicable) to demonstrate that I am living in my new property
d) If we are new to the UK, evidence that we are entitled to remain in the UK

***Please send COPIES of any documentation requested as we cannot return them.**

Achieving for Children, schools and their agents may be required to share the information on this application with government and local authority departments and other authorised organisations for administrative, statistical and research purposes. For further information on how the local authority use your data, please visit the RBWM Privacy and Data Protection notice here. Please contact the individual schools for their Privacy and Data Usage notices. Completing this form and signing it means you give us your informed consent to process and transfer your data when we have a legal basis to do so. If you are unable to access the provided links or wish to submit a query in relation to fair processing, please contact the data protection officer for RBWM admissions at **dpo@achievingforchildren.org.uk**

SIGNATURE – PARENT 1

Your Full Name: _____

Signature: _____ **Date:** _____

SIGNATURE – PARENT 2 (if applicable for Joint Custody arrangements)

Your Full Name: _____

Signature: _____ **Date:** _____

PLEASE SEND YOUR COMPETED FORM DIRECTLY TO THE SCHOOL TO WHICH YOU ARE APPLYING

We would recommend that you keep a copy of this application form for your own reference. If you require any assistance when completing your form, please contact your preferred school for advice or for general information contact the RBWM Contact Centre on 01628 683870. Regretfully, the School Admissions Team cannot provide phone support for form queries.

If you are having difficulty in finding a school place for your child at a Voluntary Aided, Academy or Free School, please contact School Admissions at rbwm.admissions@achievingforchildren.org.uk for advice. Form updated for use in 2025.

PLEASE RETURN THIS FORM DIRECTLY TO THE SCHOOL YOU ARE APPLYING FOR