



**BISHOP VAUGHAN**  
CATHOLIC SCHOOL

**Application for Admission for In Year Transfer 2025-2026**

<b>PUPIL DETAILS</b>		
<b>Pupil's Legal Surname:</b>	<b>Pupil's Legal Forename:</b>	<b>Middle Name(s):</b>
<b>Pupil's Preferred Surname:</b>	<b>Pupil's Preferred Forename:</b>	
<b>Date of Birth</b> – birth cert to be produced	<b>Gender:</b> Male:                  Female:	If <b>TWIN</b> , please tick box and complete an application form for each child

<b>Pupil's Current Address</b> ..... ..... <b>Post Code</b> ..... <b>Email Address</b> .....
---

<b>Pupil's Proposed Address</b> ..... ..... <b>Post Code</b> .....	<div><b>Contactable at this address from:</b></div>
---	---

<b>Pupil's present School</b>
-------------------------------

Date Admission Required:	Year Group for Pupil to be admitted into:
<b>Year</b>	

<b>SIBLING DETAILS:</b> Please give full names and date of birth of any siblings who are attending the preferred school that you are applying for (Sibling includes half-siblings, step-siblings and foster children living in the same household).			
<b>Sibling Legal Name</b>	<b>Date of Birth</b>	<b>School</b>	<b>Relationship to Applicant</b>

<b>Pupil's Church Information</b>		
<b>Pupil's Present Parish/Church</b>		
<b>Pupil's Place of Baptism</b>		
<b>Baptism Certificate/Letter from Church leader enclosed</b>	<b>Yes</b>	<b>No</b>

## ADDITIONAL LEARNING NEEDS

**Does the pupil have additional educational learning needs?**      **Yes**      **No**

Is the pupil on one of the following stages of the SEN Code of Practice for Wales:

School Action      Yes      No

School Action Plus      Yes      No

Statement of Educational Needs      Yes      No

Any processes/Investigations Ongoing      Yes      No

**Does the pupil have a disability or long term medical condition?**      **Yes**      **No**

**If yes, please provide brief details**

**Does the pupil have any assessed emotional or behavioural Conditions that impact on learning?**      **Yes**      **No**

If **yes**, please provide brief details

**Has the pupil ever been excluded from their school or education Setting either on a fixed term or permanent basis?**      **Yes**      **No**

Number of fixed term exclusions      Total Number of days

Please give reasons:

## **INVOLVEMENT WITH OTHER SERVICES: Please tick box and provide contact details below**

Educational Psychologist		Contact Name	Tel. No.
EAL Support		Contact Name	Tel. No.
CAMHS		Contact Name	Tel. No.
Behaviour Support Service		Contact Name	Tel. No.
Hearing Support Service		Contact Name	Tel. No.
Visual Support Service		Contact Name	Tel. No.
Health Visitor		Contact Name	Tel. No.
Social Services		Contact Name	Tel. No.
Medical Consultant		Contact Name	Tel. No.
Youth Offending Service		Contact Name	Tel. No.
Other (Please specify):		Contact Name	Tel. No.

## OTHER INFORMATION

Is the pupil “ <b>Looked After</b> ” (in the care of a Local Authority) or been “ <b>previously Looked After</b> ” (in the care of a Local Authority)?			
Yes	No		
Please give details of the placing Authority, Social Worker and Telephone Number:			
Please state the pupil's first language			
To which Authority do you pay your Council Tax?			
Please indicate if the pupil is of:	UK Service Personnel	Yes	No
	Traveller Family	Yes	No
	Refugee/Asylum Seeker	Yes	No

<b>Please state in full your reasons for requesting a transfer</b> (If reasons are not stated in full, this will delay consideration of your request)	
<b>Have you discussed your concerns/reason for requesting a transfer with your current Headteacher?</b>	
Yes	No
Please note that this is an essential requirement and the Headteacher of the current school is required to report on this conversation in his/her contribution of this form.	
<b>Have you discussed your request for transfer with the Headteacher at your chosen school?</b>	
Yes	No

**Parental Information**

(In relation to a young person or child, the term “parent” includes any person who is not a parent, but who has parental responsibility or care of the child).

Parent Name ..... Parent Name .....

Address: ..... Address: .....

.....

.....

Landline: ..... Landline: .....

Mobile: ..... Mobile: .....

Email address: ..... Email address: .....

Relationship to Pupil: ..... Relationship to Pupil: .....

**DECLARATION TO THE GOVERNING BODY OF  
BISHOP VAUGHAN CATHOLIC SCHOOL**

I understand that the school is committed to the pursuit of high standards in all aspects of school life. The school philosophy is one of encouragement and reward. Nevertheless, I understand that a system of rules is necessary and that, if my child breaks school rules or behaves in an unacceptable manner, sanctions may be imposed.

Signature of Parent/Guardian:

Date:

**Headteacher Section:**

To be completed by pupil's current or most recent school

The Headteacher (or Head of Year) at the pupil's current or any previous schools attended **MUST** complete this section before we can process the application. The form needs to be stamped with the school stamp. Failure to gain completion of this section will delay the application being processed.

Pupil's Name:	Date of Birth:
Present or Most Recent School:	

Does the pupil require any additional support or intervention in relation to any of the following?  
Please tick (If YES please include the most recent copy of IEP)

School Action	Hearing Support Service	Visual Support Service
School Action Plus	Youth Offending Service	EAL Support
Statemented	Behaviour Support Services	Educational Psychologist
Under Assessment	CAHMS	Medical Consultant
Health Visitor	Child Protection	Child in Need
Social Services	Looked After Children	Child Sexual Exploitation
Other (Please specify) .....		

Please give % attendance and number of unauthorised or absences	Current Academic Year	%	Number of Unauthorised Absences	
	Previous Academic Year	%	Number of Unauthorised Absences	

Exclusion History	Number of fixed Term Exclusions		Total Number of Days	
Please give reasons and attach PSP if applicable				
Interactions with peers and staff				

KS2 Levels	KS3 Levels	CAT	
English	English	Verbal	Non-Verbal
Maths	Maths	Quantative	Mean
Science	Science		

Proposed GCSE courses – if applicable		

Has the parent discussed the transfer request with you and are there any reasons why you feel this change of school would be detrimental to the pupil in any way?

Name:

Position Held:

Signed:

Date:

School Stamp: