



BISHOP VAUGHAN
CATHOLIC SCHOOL

Application for Admission for In Year Transfer 2026-2027

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

Pupil's Current Address
.....
..... Post Code
Email Address

Pupil's Proposed Address	Contactable at this address from:
.....	
.....	
Post Code	

Pupil's present School

Date Admission Required:	Year Group for Pupil to be admitted into:
	Year 7

SIBLING DETAILS: 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).			
Sibling Legal Name	Date of Birth	School	Relationship to Applicant

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

ADDITIONAL LEARNING NEEDS

Does your child have a Statement of Special Educational Needs? Yes ☐ No ☐

Does your child have an Individual Development Plan (IDP) Yes ☐ No ☐
where the LA has named a school in section 2D.1 of the
IDP?

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 Yes ☐ No ☐
Setting either on a fixed term or permanent basis?

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 **“Looked After”** (in the care of a Local Authority) or been **“previously Looked After”** (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

Please state in full your reasons for requesting a transfer

(If reasons are not stated in full, this will delay consideration of your request)

Have you discussed your concerns/reason for requesting a transfer with your current Headteacher?

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.

Have you discussed your request for transfer with the Headteacher at your chosen school?

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: