Application for a School Place In-Year

Further advice about Perins School’s admission procedures and the school admission policy are available on [www.perins.net](http://www.perins.net) or on request from the school.

This form is intended for **In Year applications** (changing schools at any stage from Year 7 onwards). For Main Round applications (moving from Year 6 to Year 7) please visit [www.hants.gov.uk/educationandlearning/admissions/applicationprocess](http://www.hants.gov.uk/educationandlearning/admissions/applicationprocess) or call Hampshire County Council Admissions 0300 555 1377 (admissions.team@hants.gov.uk).

The child’s parent/guardian should complete this form in BLOCK CAPITALS and sign the declaration overleaf to confirm they have parental responsibility.

***NB: If your child has an Education, Health and Care Plan, please contact the SEN Team to request a change of school placement. Please do not complete this form.***

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s last name |  | Forename(s) |  |
| Any previous surname |  | Gender | Male / Female |
| Date of birth | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | Current Year Group |  |
| Child’s permanent address\*:  | Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *\*If you are moving house, please supply both your current and future addresses. We regret that we are unable to process applications on the basis of a future address until documentary evidence can be shown, either a rental agreement showing the contract start date or solicitors letter referring to the date of exchange of contracts.*  |
| Current/previous school |  |
| Date place required/ leaving date | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

Name and contact details of the adult completing this form

|  |  |  |
| --- | --- | --- |
| Title | Forename | Surname |
|  |  |  |
| Current address (if different from child) |  |
| Daytime phone |  | Home phone  |  |
| Mobile phone  |  | Email address |  |

What is your relationship to this child (for example parent/ step parent)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have parental responsibility for the child named in this application? Yes / No

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| --- |
| Please give your reasons for changing your child’s school |
|  |

|  |  |  |
| --- | --- | --- |
| Is the child in care or been previously in care of the local authority? | Yes / No | Please note that an application on behalf of a child in care can only be completed by the designated Social Worker |
| Is either parent a member of the UK Arm Forces? | Yes / No |  |
| Is there a sibling on roll at Perins or for whom an offer of a place at Perins has been accepted? | Yes / No | Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s current year group: \_\_\_\_\_\_\_\_\_\_\_\_ |

*The information we collect on this form will be used for the purposes of school admission and will be shared with Hampshire County Council. It will be processed electronically and stored on computers for administrative purposes in accordance with the Data Protection Act 2018. For our full privacy notice, please see* [*www.perins.net*](http://www.perins.net)

Declaration

I certify that I have parental responsibility and the information I have given on this form is correct to the best of my knowledge. *(If you give false information the offer of a school place may be withdrawn)*. I understand and accept the data privacy information above:

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to: Admissions Administrator, Perins School, Pound Hill, Alresford SO24 9BS or via email to admissions@perins.hants.sch.uk

If you have any questions, please contact our Admissions Administrator.

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| --- |
| **School Use Only** |
| Date received by school |  |
| Date of offer letter |  |
| Proof of address seen |  |
| Current school contacted |  |
| Student start date |  |
| Date of refusal letter |  |