



HEADTEACHER  
MR GLYN POTTS MBE DL

## DATA CAPTURE/IN YEAR TRANSFER APPLICATION

This form must be completed in full and submitted with all relevant records

### STUDENT DETAIL

Forename			
Surname			
Date of Birth:		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Home Address: <i>this should be the child's normal place of residence</i>			
Including Postcode:			
Year Group:	Year taught in		
Childs Religion:		<i>All Catholic applicants must submit a Catholic baptism certificate with this form, See Admission Policy for further details</i>	

### PARENTAL/CARER WITH PARENTAL RESPONSIBILITY DETAILS

Name:	relationship
telephone number/s:	email address
Address:	
Name:	relationship
Telephone number/s:	email address
Address:	
<b>Name of any person whom student should not have contact with – details of court orders etc – if applicable please provide copy</b>	
Name	relationship

### Parental signature

I confirm all the details are correct and all those with parental responsibility are aware of this application

Signed:

Print name:

Siblings in Newman Catholic College

Year Group/s



0161 785 8858



OFF CANON DOLAN WAY  
CHADDERTON, OL9 9QY



ENQUIRIES@NEWMANRC.OLDHAM.SCH.UK  
WWW.NEWMANRC.OLDHAM.SCH.UK

## NEW ARRIVALS TO THE UK

✔ If you are new to the UK you will need to provide identification, e.g. A birth certificate/Home Office papers/ID card /ARC card / Passport.

Is your child a new arrival to the UK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your child an asylum seeker or refugee?	Asylum Seeker <input type="checkbox"/>	Refugee <input type="checkbox"/>
Ethnicity		
Country of birth:	Country arrived from:	
Home Language spoken?		
Can the student speak English	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can the student write in English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can the student read English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is English spoken as a second language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Country student last attended school		
Name of school abroad		

## MEDICAL DETAIL

Please indicate any medical conditions that the college needs to be aware of to help care for this student

## CURRENT/PREVIOUS EDUCATION

Primary school name:	Start date	End date	
Reason for moving school:			
Current school Name:	Start date	End date	
Reason for moving school:			
Previous school Name	Start date	End date	
Is your child Home Educated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Start date:
Is your child Out of Education? ie not on the roll of a school	YES <input type="checkbox"/>	NO <input type="checkbox"/>	No of weeks out of education:
Have you ever been invited into school to discuss your child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>If yes please give details below</b>

Has this student chosen his/her option subjects, if yes please list below

Subject: \_\_\_\_\_ Subject: \_\_\_\_\_

Subject: \_\_\_\_\_ Subject: \_\_\_\_\_

Additional:

is the student a carer?

YES

NO

Is the student a child of a UK service Personnel or other Crown Servant?

YES

NO

Does your child have an Education and Health Care Plan? (EHCP)

YES

NO

Is your child undergoing Statutory Assessment?

YES

NO

Is this student receiving any SEND support?

YES

NO

If yes please give details of support

### REASONS FOR TRANSFER APPLICATION

Please give full details of the reasons you wish your child to join Newman Catholic College

In accordance with the College Admissions Policy the Governing Body reserve the right to withdraw the offer of a college place where false or misleading evidence is received in relation to baptism, sibling connections or place of residence. The Admissions Policy is available via Oldham Council Admissions or directly on Newman College website.

#### Please attach the following

- Your child's latest academic/progress report
- Attendance
- Copy of Catholic baptism certificate or letter from the Parish Priest, stamped/signed

I can confirm I have read and understood the Admission Policy and that the information I have provided is correct.

I understand I must notify Newman RC College immediately if there is a change to these details.

**Failure to ensure all sections are completed and relevant paperwork is provided will result in the form being returned for completion**

Signature of parent with parental responsibility:

Print name:

Date:


Email:

**NEWMAN CATHOLIC COLLEGE SUPPLEMENTARY INFORMATION FORM:**

**Please complete BOTH sides of this form and return to:**

Mrs. Hodgin, Admissions Officer  
 Blessed John Henry NEWMAN RC College  
 Broadway, Chadderton, Oldham, OL9 9QY

**PLEASE REFER TO THE COLLEGE ADMISSIONS POLICY BEFORE COMPLETING THIS FORM**

<p><b>CHILDS FULL LEGAL NAME:</b> _____</p> <p><b>Please read in conjunction with the Admissions Policy and tick which criteria your application is eligible to be judged on.</b></p> <p>All children whose <b>Education, Health and Care Plan</b> [EHCP] names Newman RC College will be admitted to the college. If your child has Special Educational Needs but does <u>not</u> have an Educational Health &amp; Care Plan; then your application will be considered on the basis of the college admission policy.</p>		<p><b>Please tick which criteria is eligible</b></p> 												
<b>1</b>	<p><b>Baptised Roman Catholic</b> Looked After Children and <b>Baptised Roman Catholic</b> previously Looked After Children. This also includes Roman Catholic children adopted from state care outside of England.</p>	<input type="checkbox"/>												
<b>2</b>	<p><b>All Baptised Roman Catholic</b> children attending the following Roman Catholic Partner Primary Schools below or a <b>Baptised Roman Catholic</b> children living in the borough of Oldham [please see note below re Priority Area]</p> <p style="text-align: center;"><b>Please do not tick this criteria if your child is a NON Roman Catholic child</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">i. Corpus Christi RC Primary</td> <td style="width: 50%;">vii. St Herbert's RC Primary</td> </tr> <tr> <td>ii. Holy Family RC Primary</td> <td>viii. St Joseph's RC Primary</td> </tr> <tr> <td>iii. Holy Rosary RC Primary</td> <td>ix. St Mary's RC Primary</td> </tr> <tr> <td>iv. SS Aidan and Oswald's RC Primary</td> <td>x. St Patrick's RC Primary</td> </tr> <tr> <td>v. St Anne's RC Primary School</td> <td>xi. St Theresa's RC Primary</td> </tr> <tr> <td>vi. St Edward's RC Primary</td> <td></td> </tr> </table>	i. Corpus Christi RC Primary	vii. St Herbert's RC Primary	ii. Holy Family RC Primary	viii. St Joseph's RC Primary	iii. Holy Rosary RC Primary	ix. St Mary's RC Primary	iv. SS Aidan and Oswald's RC Primary	x. St Patrick's RC Primary	v. St Anne's RC Primary School	xi. St Theresa's RC Primary	vi. St Edward's RC Primary		<input type="checkbox"/>
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<b>3</b>	<p><b>Non-Roman Catholic</b> Looked After Children and <b>Non-Roman Catholic</b> previously Looked After Children. This also includes non-Roman Catholic children adopted from state care outside of England.</p>	<input type="checkbox"/>												
<b>4</b>	<p><b>Non-Roman Catholic</b> children attending a Roman Catholic Partner Primary School as those schools listed above in criteria 'b'</p>	<input type="checkbox"/>												
<b>5</b>	<p><b>Non-Roman Catholic</b> children who have a sibling living at the same address and who will be on roll at the College at the time of admission <b>Name of sibling:</b> _____</p>	<input type="checkbox"/>												
<b>6</b>	<p>Children of <b>staff</b> who are/have been permanently contracted to work at the College for a period of 2 years at the time of both application and of admission, or who have been recruited to fill a vacant post for which there is a demonstrable skill shortage</p>	<input type="checkbox"/>												
<b>7</b>	<p><b>Other Baptised Roman Catholic</b> children</p>	<input type="checkbox"/>												
<b>8</b>	<p><b>Non-Roman Catholic</b> children living within the Oldham borough. [please see note below re Priority Area]</p>	<input type="checkbox"/>												
<b>9</b>	<p><b>Other</b> children</p>	<input type="checkbox"/>												

**PRIORITY AREA:** Priority Area [as in criteria b and h] are all residential properties who pay their council tax to Oldham Local authority. Evidence may be requested for clarification.

**Please complete part 1b overleaf**

## SUPPLEMENTARY INFORMATION FORM [SIF]

Please complete in BLOCK CAPITALS and return to Newman RC College

## PUPIL DETAILS:

LEGAL FORENAME[S]	_____
MIDDLE NAME	_____
LEGAL SURNAME	_____
DATE OF BIRTH	_____
ADDRESS	_____
	_____ POSTCODE _____
<b>IS YOUR CHILD?</b>	
<b>BAPTISED ROMAN CATHOLIC</b> If this box is ticked Parent/legal guardian <b>MUST</b> provide a copy of the Baptism Certificate with this form.	<input type="checkbox"/>
<b>NON-ROMAN CATHOLIC</b>	<input type="checkbox"/>
<b>If you have any queries regarding evidence of your child's Roman Catholic baptism please contact the college ASAP</b>	

<b>FOR BAPTISED ROMAN CATHOLIC APPLICANT [PUPIL] ONLY</b>	<i>please print information</i>
DATE/MONTH OF THIS APPLICANTS RC BAPTISM	_____ YEAR _____
NAME OF PARISH/RC CHURCH	_____
Address of church	_____
PARISH LOCATION [TOWN/CITY]	_____
Name of Priest:	_____
<b>SIGNED [Legal parents/Guardian]</b>	<b>NAME</b> please print
_____	_____
<b>RELATIONSHIP</b>	<b>DATE</b>

**Please submit this form [and the child's RC Certificate if applicable] before 31<sup>st</sup> October 2022, 5.00pm.**

**Any incomplete forms will be classed as CRITERIA 9 [Other children]**

Please refer to Newman RC Admission's Policy which is available via [www.newmanrc.oldham.sch.uk](http://www.newmanrc.oldham.sch.uk)  
or via [www.oldham.gov.uk](http://www.oldham.gov.uk)

Please contact college for any other queries

**ANY OTHER INFORMATION YOU MAY WISH TO PROVIDE**



HEADTEACHER Mr G POTTS MBE DL

**PART B**

**SUPPORTING INFORMATION to support application – ONLY TO BE COMPLETED BY THE CURRENT SCHOOL**

These details are to support the student application, please complete all sections and attach the relevant information to allow this application to be processed for the benefit of the student as efficiently as possible

**PUPILS FULL LEGAL NAME**

**NAME OF CURRENT SCHOOL:**

**School contact:**

**Direct Telephone number:**

**Contact Email:**

**Behaviour, or Social Emotional Difficulties**

Please comment on any difficulties this student may have in these areas, or if any support is already in place.

Has this student had any Internal/ Fixed Term / Permanent suspensions, please include reasons and dates

Has this student had any Managed Moves or Alternative Provision placements? Please provide details/reasons & outcome

Does this student have a Pastoral Support Plan or Individual Education Plan in place? Please give details

**Please inform us if there are any other agencies involved with this student** e.g. Social Care, Educational Psychologists, Youth Offending Team, Education Attendance Service, QEST, CAMHS, Health Authority etc. please include names, contact and details of support

Is this student Looked After or ever been Looked After?

YES  NO

Name of Social worker

If yes which Home Authority - please attach PEP

Is this student on a Child Protection Plan?

YES  NO

Name of social worker:

Does this student have a Child in Need status?

YES  NO

Name of social worker

Is this student on the SEND register?

YES  NO  Need:

Undergoing statutory assessment

YES  NO

Does this student have any medical conditions, disabilities or hold a EHC plan?

YES  NO

If yes attached details inc interventions/adjustments made to support

**Signature must be completed by a senior Member of staff**

**Authorised by:**

**Signature:**

**Please print name:**

**Date:**

**Parent/Carer signature:**

**Date:**

**School stamp**