**DATA CAPTURE/IN YEAR TRANSFER APPLICATION**

**This form must be completed in full and submitted TO** [**a.hodgin@newmanrc.oldham.sch.uk**](mailto:A.HODGIN@NEWMANRC.OLDHAM.SCH.UK) **with all relevant records**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT DETAIL** |  | | | | | | |
| Forename |  | | | | | | |
| Surname |  | | | | | | |
| Date of Birth: |  | | | | MALE | | FEMALE |
| Home Address: *this should be the child’s normal place of residence*  Including Postcode: |  | | | | | | |
| Year Group: |  | Year taught in | |  |  | | |
| Childs Religion: |  | | | ***All Catholic applicants must submit a Catholic baptism certificate with this form, See Admission Policy for further details*** | | | |
| **ALL PARENTAL/CARER WITH PARENTAL RESPONSIBILITY DETAILS** | | | |  | | | |
| **Name:** | | | | relationship | |  | |
| telephone number/s: | | | | email address | |  | |
| Address: | | | |  | |  | |
| **Name:** | | | | relationship | |  | |
| Telephone number/s: | | | | email address | |  | |
| Address: | | | |  | |  | |
| **Name of any person whom student should not have contact with – details of court orders etc – if applicable please provide copy** | | | | | | | |
| Name | | | | relationship | |  | |
| **Parental/Carer/PR 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 | | |  | | | | |

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| **✔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 | | | | | NO | | |
| Is your child an asylum seeker or refugee? | Asylum Seeker | | | | | Refugee | | |
| Ethnicity |  | | | | | | | |
| Country of birth: |  | | | Country arrived from: | | |  | |
| Home Language spoken? |  | | | | | | | |
| Can the student speak English | YES | | | | | NO | | |
| Can the student write in English? | YES | | | | | NO | | |
| Can the student read English? | YES | | | | | NO | | |
| Is English spoken as a second language? | YES | | | | | NO | | |
| 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** | | | | | | | | |
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|  | | | | | | | | |
| **CURRENT/PREVIOUS EDUCATION** | | | | | | | | |
| **Primary school name**: | | | Start date | | | End date | | |
| Reason for moving school: | | |  | | | | | |
| **Current/previous Secondary School/Academy Name**: | | | Start date | | | End date | | |
| Full reason for moving or leaving school: | | |  | | | | | |
| Have you been into school to discuss these concerns?  What was the outcome | | | YES | | NO | | | |
| Previous school Name | | | Start date | | | End date | | |
| Is your child Home Educated? | | | YES | | NO | Start date: | | |
| Is your child Out of Education? ie not on the roll of a school (this does not mean he/she is not attending or is home educated) | | | YES | | NO | No of weeks  out of education: | | |
| **Have you ever been invited into school to discuss your child?** | | | YES | | NO | **If yes please give details below** | | |
|  | | | | | | | | |
| **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 | |
| Start date of EHCP | | | |  | | |  | |
| Is your child undergoing Statutory Assessment? | | | | YES | | | NO | |
| Is this student receiving any SEND support? | | | | YES | | | NO | |
| If yes please give details of support | | | |  | | | | |
|  | | | |  | | | | |
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| **REASONS FOR TRANSFER APPLICATION**  **Please give full details of the reasons you wish your child to join Newman Catholic College and if you are still po** | | | | | | | | |
| **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.** | | | | | | | | |
| **Attach the following documentation**   * **Your child’s latest ACADEMIC/PROGRESS report** * **ATTENDANCE for 2 years** * **Copy of CATHOLIC BAPTISM CERTIFICATE or letter from the**   **Parish Priest, stamped/signed.**  ***Failure to provide RC baptismal evidence will result in your child being classes as a NON RC baptised child – this is parents responsibility to provide - please read the Admissions Policy no our website***  The Governing Body reserve the right to withdraw the offer of a college place where false evidence is received in relation to baptism, sibling connections or place of residence. Please contact the college on 0161 785 8858 for further advice or assistance | | | | | | | | |
| 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 Catholic 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.** | | | | | | | | |
| **Any** **transfers must be with the agreement of both parents holding parental responsibility.**  Has this been agreed by bother parents? YES / NO | | | | | | | | |
| **Signature of all parents/carers with parental responsibility:** | |  | | | | | | |
| **Print name/s:** | |  | | | | | | |
| **Date:** | |  | | | | | | |
| **Email:** | |  | | | | | | |

**NEWMAN CATHOLIC COLLEGE SUPPLEMENTARY INFORMATION FORM:**

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

Admissions Officer

Saint John Henry NEWMAN Catholic College

Off Canon Dolan Way, Chadderton, Oldham, OL9 9QY

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

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILDS FULL LEGAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please read in conjunction with the Admissions Policy and tick which criteria your application is eligible to be judged on**.  All children whose **Education, Health and Care** P**lan** [EHCP] names Newman RC College will be admitted to the college.  If your child has Special Educational Needs but does not have an Educational Health & Care Plan; then your application will be considered on the basis of the college admission policy. | | **Please tick which criteria is eligible** | |
| **1** | **Roman Catholic Children** who are Looked After (CLA) and Baptised Roman Catholic children who were previously Looked After and this includes Baptised Roman Catholic children who have been in state care outside of England and have ceased to be in state care due to Adoption. | |  |
| **2** | **Roman Catholic** **children attending a Partner Primary School as below**     |  |  | | --- | --- | | 1. Corpus Christi RC Primary 2. Holy Family RC Primary 3. Holy Rosary RC Primary 4. SS Aidan and Oswald’s RC Primary 5. St Anne’s RC Primary School 6. St Edward’s RC Primary | 1. St Herbert’s RC Primary 2. St Joseph’s RC Primary 3. St Mary’s RC Primary 4. St Patrick’s RC Primary 5. St Theresa’s RC Primary |   or **Roman Catholic Children living in the priority area**. (ie, paying their council tax to Oldham Local Authority) | |  |
| **3** | **Roman Catholic children** who have a sibling living at the same address and who will be on roll at the College at the time of admission. **Name of sibling on roll** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| **4** | **Other Roman Catholic children** | |  |
| **5** | **Other Children** who are Looked After or previously Looked After Children. This includes other children who have been in state care outside of England and have ceased to be in state care due to Adoption.  . **Name of sibling:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
| **6** | **Other children** attending a Partner Primary School (as those listed above in criteria 2). Please do not tick option 2. **Name of primary school** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| **7** | **Other children** who have a sibling living at the same address and who will be on roll at the College at the time of admission. **Name of Sibling on roll­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
| **8** | **Children of** **staff** 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 | |  |
| **9** | **Other Children** living within the priority area (ie, paying their council tax to Oldham Local Authority) | |  |
| **10** | **Any other children** | |  |

**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**

**APPENDIX ib**

**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** | |  | |  |
|  |  | | |  | | | | |
| **IS YOUR CHILD?** |  | | | |  | | | |
| **BAPTISED ROMAN CATHOLIC**  If this box is ticked  Parent/legal guardian **MUST** provide a copy of the Baptism Certificate with this form. | |  | **NON-ROMAN CATHOLIC** | |  | | | |
| **If you have any queries regarding evidence of your childs Roman Catholic baptism**  **please contact the college ASAP** | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR BAPTISED ROMAN CATHOLIC APPLICANT [PUPIL] ONLY *please print information*** | | | | |
| DATE/MONTH OF THIS APPLICANTS RC BAPTISM |  | YEAR |  |  |
| NAME OF PARISH/RC CHURCH |  |  | | |
| Address of church |  |  | | |
| PARISH LOCATION [TOWN/CITY] |  |  | | |
| Name of Priest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| **SIGNED [Legal parents/Guardian]** |  | **NAME**  **please print** |  |
| **RELATIONSHIP** |  | **DATE** |  |

**NAME OF PRIMARY SCHOOL IF LIVING OUT OF THE OLDHAM BOROUGH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any incomplete forms will be classed as CRITERIA 10 [Any other children] or returned for completion**

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)

The Governing Body reserve the right to withdraw the offer of a college place where false or intentionally misleading information is received, in relation to application, baptism, sibling connections or place of residence which effectively denies a place to a child with a stronger claim. The application will be considered afresh, and a right of appeal offered if a place is refused.

Relevant College dates can be viewed on the College website: [www.newmanrc.oldham.sch.uk](http://www.newmanrc.oldham.sch.uk)

[http://www.newmanrc.oldham.sch.uk]. Alternatively, parents can contact the College on 0161 785 8858 for further advice or assistance with completing a supplementary information form.

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

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| --- |
|  |



**HEADTEACHER MRS K PHILLIPS**

**PART B**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUPPORTING INFORMATION to support application – ONLY TO BE COMPLETED BY THE CURRENT/PREVIOUS SCHOOL**  These details are to support he 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:** |  | | | | |
|  | | | | | |
| **Is this child still on roll? YES / NO** if No date removed from roll**: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reason for removal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **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 child ever been Permanently excluded from a previous school | | | | | |
|  | | | | | |
| 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 and add copy | | | | | |
|  | | | | | |
| **Please inform us if there are any other agencies involved with this student** e.g. Social Care, Early Help, Educational Psychologists, Youth Offending Team, Police, 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 an 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** | | | | | |