

Greenholm Primary School

Application for a Change of School (In-Year)

Please complete all sections of this form, in full, before returning it to the school office. If you have any queries, please contact the school office on 0121 464 6321.

IMPORTANT: To ensure fairness in the application process, we may ask for proof of address. Failure to provide proof of address upon request may affect your child's eligibility at Greenholm.

SECTION 1 - Child's Detail	s:			
Child 1				
Child's Name:				
Date of Birth:				
Current Year Group:		Gender:	Male	Female (please circle)
Home Address:				
Child 2				
Child's Name:				
Date of Birth:				
Current Year Group:		Gender:	Male	Female (please circle)
Home Address: If different from above.				
SECTION 2 – Current/ Mo	st Recent Scho	ool Details		
Name of School:				
Is your child still attending:				
If no, please give the last date your child/ children attended:				
If yes, please give the preferred date of leaving				

SECTION 3 - Background information				
Is your child/ children in public care or accommodated by a local authority (a looked after child) or previously looked after?				
If yes, which local authority?				
Please give the name of the soci	ial worker and a contact telephon	e number:		
Name:				
Telephone:				
Has your child ever been exclude	ed from any school?			
If yes, please give details of fixed term and/ or permanent exclusions and/ or managed move:				
Are there any other agencies involved with your child, e.g. Education Welfare/ YOS/ YISP/ Connexions/ Family Support Worker? If yes, please provide details and name of contact(s):				
Connexions/ Family Support Wo	nker: II yes, please provide details	s and name of contact(s).		
If your child is experiencing difficulties please explain what contact you have had with school				
regarding this. When was the last meeting, with whom did you meet and what was the outcome?				
Any other information relevant to this application, for example social, educational or disciplinary:				
Why do you feel that attending Greenholm would benefit your child/ children?				
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SECTION 5 -To be read and signed by parent/ carer

Declaration and consent to share information:

The information provided on this application form may be shared with other agencies and service providers to ensure that your child receives an appropriate service. The full Data Protection statement can be found in the parents' information booklet or online at www.birmingham.gov.uk/schooladmissions

If a parent/ carer knowingly and willingly provides a false statement which would affect the success of this application they have the school place withdrawn.

I confirm that I have read and understood the notes relating to this application.

I certify that the information which I have provided is correct and that I am aware that giving false information may result in any offer of a school place being withdrawn.

I give my consent for Greenholm Primary School and the School Admissions service to contact relevant agencies in order to validate this application.

Title: (e.g. Mr/ Mrs/ Miss/ Ms)	
Full Name: (please print)	
Signature of Parent/ Carer and date:	
Date:	
Relationship to child:	
Home Telephone Number:	
Work Telephone Number:	
Mobile Telephone Number:	

If you have any queries, or need help filling in this application form please contact the school office on 0121 464 6321.