

APPLICATION TO TRANSFER FROM PONTNEWYNYDD PRIMARY SCHOOL

PLEASE RETURN THIS FORM TO PONTNEWYNYDD PRIMARY SCHOOL NO LATER THAN FRIDAY 23rd JANUARY 2015

Parents/Carers are required to complete ALL sections.

SECTION 1 PERSONAL DETAILS

CHILD'S FULL NAME (PRINT) _____ DATE OF BIRTH _____

CHILD'S PERMANENT HOME ADDRESS (PRINT) _____

Has your child been seen/or due to be seen by an Educational Psychologist? YES NO

Is your child on the Special Educational Needs Codes of Practice? YES NO

Does your child have a statement of Special Educational Needs? YES NO

If 'YES' to any of the above please give Details _____

SECTION 2 TRANSFER DETAILS

Please state the school you wish your child to transfer to: _____

SECTION 3 SIBLINGS

Will your child have an older brother and/or sister at any of the School(s) you have listed above? If 'YES' specify the child's:-

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SCHOOL</u>
_____	_____	_____
_____	_____	_____

SECTION 4 LEGAL GUARDIAN

Are you the child's legal guardian? YES/NO

If "NO", please provide details of their legal guardian below and their relationship to the child:

<u>NAME</u>	<u>ADDRESS</u>	<u>CONTACT TEL NUMBER</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 5 DECLARATION

I hereby declare that the information given by me on this form is accurate and complete to the best of my knowledge and I will inform you of any alteration in the particulars given.

The information that you provide will be used to allocate a school place for your child. Torfaen County Borough Council, in fulfilling its data protection obligations, will treat all personal data submitted by you, held manually and/or on a computer database with absolute security and care. Information may be shared with other agencies that are directly involved in the education, health and welfare of school children. The use of personal information is covered by the Authority's registration under the data protection act.

Full Name Parent/Carer (PRINT) Miss/Mrs/Ms/Mr _____ Signature _____

Date _____ Tel.Home _____ Tel.Work/Mob. _____ Relationship _____