

In-Year Transfer Application Form

CHILD DETAILS	Surname:	Forename:
Year group applying for:	Date of Birth:	Male / Female
Current Address: (The child's normal place of residence)		Address to which child is moving: (if applicable)
Postcode:		Postcode: Date of Moving:
School currently attending / last school attended:		
Date child left previous school (if applicable):		
Date place at Altrincham College required if not ASAP:		
Reason for the In-year Transfer application*:		
*Please note: if your child has been permanently excluded, there is a specific process in place for such circumstances. This, however, does not affect your right to apply to other schools. If this situation applies to your child, please contact Mrs Eastwood at school to discuss.		

	Yes	No
Is your child currently, or has (s)he ever been, "Looked after" by a local Authority? If 'Yes' please provide written evidence.		
Does your child have an EHCP [Educational Health Care Plan], formerly known as a "statement of special educational needs"? *If 'yes' please note that the method of application is through a different route. Please contact Mrs Eastwood for more information.		
If there are no current vacancies, do you wish your child to automatically be placed on the waiting list?		
Do you have another child already attending Altrincham College? If 'yes', please provide sibling name and date of birth:		

PARENT / CARER DETAILS	Title:	Forename:	Surname:
Address if different from pupil's address: Postcode:	Phone 1:		
	Phone 2:		
	Email address:		