Form SA3

Transfer to secondary school - September 2025

Please read the ***“Transfer to secondary school in Cumberland - September 2025”*** booklet **carefully** before you complete this form. The booklet is available in schools and on the county council website at [www.cumberland.gov.uk](http://www.cumberland.gov.uk). Please return your completed form to your child’s current school by **31 October 2024**.

**Personal information – child’s details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s first name |  | | | | | | | | | | | | |  |
| Child’s surname |  | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |
| Date of birth |  |  |  |  |  |  |  |  |  | | Gender  (male/female) | |  |  |
| Home address |  | | | | | | | | | | | | |  |
|  |  | | | | | | | | | Postcode | |  | |  |
| Current school |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | |  |

**Parent/carer details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name of parent/carer |  | Title (Mr/Mrs/Ms/Miss etc) | | |  |  |
| Relationship to child |  | | | | |  |
| Contact tel number |  | | | | |  |
| Contact email address |  | | | | |  |
| I give consent for all correspondence to be sent to this email address | | | Yes | No | |  |
| *(Please note if you are applying using a paper form you will receive your offer of a school place by post and not by email)* | | | | | |  |
| *If you are caring for someone else’s child for more than 28 days and you are not an immediate relative, you may be private fostering and it is a legal requirement that you contact the local authority on 0300 013 2065. Further information is available at www.cumberland.gov.uk.* | | | | | |  |

**Your preferred schools**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of school (in order of preference)** | **Will your child have a brother or sister at this school in Sept 2025?** | **Brother/sister’s name** | **Brother/**  **sister’s date of birth** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **To be completed by your current school:**  **Date received in school: *(Please verify with stamp)*** | | | **For School Admissions use only**  **Date received:** | | | |
|  |  | | | | |  |
|  | Catchment | Siblings | | C/VC Category | Documentary evidence |  |
|  |  |  | |  |  |  |
|  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you applying for any of your schools on the basis of faith? | | **Yes** | **No** |  |
| If yes, which faith? |  | | |  |
| *Please check to see if you need to complete a supplementary form or send any supporting information to your preferred schools. This information can be found on the individual schools website.* | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does your child have an Education, Health and Care Plan (EHCP)? | | | | **Yes** | **No** | |
| Is your child currently undergoing a statutory assessment of special  educational need? | | | | **Yes** | **No** | |
| Do you have any other children attending any of your preferred  schools who have an EHCP which names that school? | | | | **Yes** | **No** | |
| Is your child in the care of a Local Authority? | | | | **Yes** | **No** | |
| If yes, which Local Authority? | |  |  | | |  |
| Was your child previously cared for or cared for by a Local Authority? | | | | **Yes** | **No** | |
| If yes, please refer to the *“Transfer to secondary school in Cumberland - September 2025” booklet* for further information. | | | | | | |
| If you have attached any evidence, please tick this box | | | |  |  | |
| ***Community and voluntary controlled schools only:***  Do you have any other children attending any of your preferred  schools who were directed to that school by the Local Authority.  (please see criterion 3 the Local Authority Admissions Policy for  further information) | | | | **Yes** | **No** | |
|  | | | | | | |
| **Other reasons for your preferences**  If you wish to give any other reasons for your preferences, please attach a separate sheet. If you have attached any additional information, please tick this box | | | | | | |
|  | | | | | | |
| **Parental declaration**  I confirm that I have parental responsibility for this child and the information given is correct. I understand that if I have given false information, any school place offered may be withdrawn. I also agree to whatever checks may be carried out to verify accuracy. I have read the “*Transfer to secondary school in Cumberland - September 2025*” booklet provided by Cumberland Council before completing this form. | | | | | | |
| Full name of parent/carer signing the form (please print) |  | | | | | |
| Signed |  | | | | | |
| Date |  | | | | | |
| Correspondence address if different from child’s address (*this address will not be used in the allocation process)* |  | | | | | |
|  | | | | | | |
| **Remember to submit your form by 31 October 2024 – if your form is late, it may affect your chances of being allocated a place at one of your preferred schools**  Information about School Admissions can be found on Cumberland Council’s website at:  [www.cumberland.gov.uk](http://www.cumberland.gov.uk) or by contacting [school.admissions@cumberland.gov.uk](mailto:school.admissions@cumberland.gov.uk) or 01228 221582  School Admissions and Appeals Team, Cumberland Council, PO Box 415, Carlisle, CA1 9GU | | | | | | |