

APPLICATION TO TRANSFER BETWEEN SCHOOLS**Please complete this form and return to the following address:****Education Improvement Service - Admissions, Education Services,
PO Box 1, Conwy, LL30 9GN
(Telephone 01492 575031)****Or apply online at www.conwy.gov.uk/admissions**

CHILD'S SURNAME

FORENAMES

Please ✓ appropriate box:

MALE

FEMALE

DATE OF BIRTH

HOME ADDRESS

POSTCODE

TELEPHONE NO

E-MAIL

If your child has a statement of Special Educational Needs please ✓ box

PRESENT SCHOOL

Local Authority if not Conwy

REQUESTED SCHOOL(S)**REASON FOR PREFERENCE:**

1.

2.

3.

Will you please note below any special problems or difficulties (whether they can be educational, medical, physical, social or emotional) that may affect your child's education.

NAMES OF PARENT[S] OR
GUARDIAN[S]

MR/MRS/MISS/MS

[Please Delete as appropriate]

MR/MRS/MISS/MS

[Please Delete as appropriate]

I certify that I have parental responsibility for the child named above and that all persons with parental responsibility have agreed to this application. I confirm that the information given on this form is true to the best of my knowledge. I understand that giving false or deliberately misleading information may result in the withdrawal of the offer of a school place

Signed by Parent/Carer -----Date-----

Personal information will be held and processed by the Local Authority for those purposes contained in the Local Authority Education Service's Privacy Notice, and in accordance with the provisions of the General Data Protection Regulation (GDPR). Personal information provided may be shared with third parties as and when necessary in order to verify the information, for the prevention or detection of crime and/or for the purposes of discharging any statutory or administrative function as required by law. For a copy of the Privacy Notice, contact Conwy Local Authority Education Service.