

Application Form

Transfer of pupils from Primary to Secondary School - September 2025

You can also apply online at www.cheshirewestandchester.gov.uk/admissions

Child's surname:

Child's first names:

Date of birth:

Male

Female

Address at which pupil is resident
The address stated here must be the address the child is currently residing and not a future address.

Address:

Postcode:

Child's current Primary School and Local Authority (LA)

School

LA

Applicant's details

Title:

Forename:

Surname:

Relationship to child:

Daytime telephone no:

Email address (if available)

Address(es) (if different from pupil's address)

To allow the information provided on this application to be discussed with another contact, please give details below.

Title:

Forename:

Surname

Relationship to child

Daytime telephone no:

Names of preferred schools or academies and name of the Authority in which the school is located. Any English schools outside Cheshire West and Chester Local Authority will need to be listed here as well. (Do not include fee-paying independent schools or any schools outside of England)

Please state three preferences in ranked order.

Example *Mid Cheshire Primary School*

LA *Cheshire West & Chester*

1st Preference

LA

2nd Preference

LA

3rd Preference

LA

Please tick any of the following reasons applicable to each of your preferences

	1st	2nd	3rd
Aptitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catchment Area (where Catchment Area applies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-educational School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distance (home to preferred school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeder / Linked School (where applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical (supporting information must be provided)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion (please state denomination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling (please provide details overleaf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Reasons (please provide supporting documents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travelling Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Application Form continued

Siblings (and any other children living at the same address). A sibling means the brother, sister, stepbrother or stepsister, half brother or half sister living together as part of one household, already attending the preferred school and expected to continue at the school in the following school year.

Sibling's Name

School and Year Group

Date of Birth

Does the sibling reside at the same address as the applicant?

Yes No

If no, please provide details.

Is your child baptised Roman Catholic?

(if yes, please send a copy of the Certificate of Baptism direct to the school)

Yes No

Does your child have a Education, Health and Care Plan?

Yes No

Is the child looked after by a Local Authority or was previously looked after but ceased to be so because they were adopted (or became subject to a child arrangements order or special guardianship order).

Yes No

Is the child from a multiple birth e.g. twins?

Yes No

Is the child's parent/carer a crown servant as defined by the School Admissions Code?

Yes No

Some schools/academies also require a supplementary information form to be completed. Please see section 3 of the transferring to Secondary School Booklet for a list of these schools.

Other Relevant Circumstances Please include here any further information which you consider may be relevant to your preference(s). Continue on a separate sheet, if necessary. You may wish to make separate statements in support of each of your preferences. Please provide full details of dual residency.

I declare that all information which I have provided is true. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I have read the Council's information booklet on admissions.

Signed

Print Name

Mr/Mrs/Miss/Ms/Dr etc

Date

Once completed, please return this form to:
School Admissions, Cheshire West and Chester Council, Wyvern House, The Drummer, Winsford, Cheshire CW7 1AH.

Closing Date: 31 October 2024.

Forms received after this date will be processed after all on time applications.

If you are caring for someone else's child for more than 28 days and are not immediate relative you may be private fostering and it is a legal requirement that you contact the local authority on 0300 123 8123. Further information is available at www.cheshirewestandchester.gov.uk.

Data Protection Act

The Council maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provide on this form is treated in confidence and complies with the requirement of the General Data Protection Regulations. This information may also be shared with other local authorities and Primary Care Trust.

Verification of Information

The Council may verify information you have provided on this form which could involve contacting schools and other departments of the council who maintain appropriate records. In instance where the information provide is different from that held by them they may use the information on this form. The school admissions privacy notice can be viewed on the local authority website or you can contact the local authority to obtain a paper copy.