

In-Year Transfer Application – *once completed please return to admissions@broadoak.trafford.sch.uk*

Child's Details		Surname:	Forenames:
Current Year Group:	Date of Birth:		Male/Female
Current Address: (The child's normal place of residence)			
Postcode:			
School currently attending/last school attended:			
Date child left previous school: (if applicable)			
Reason for the In-Year Transfer application:			

	Yes	No
Is your child 'Looked After' by the Local Authority?		
Does your child have a statement of Special Educational Needs?		
Do you have older children already attending Broadoak School (Year 7 – 11)?		
If 'yes', please provide his/her name and date of birth:		
If there are no current vacancies, do you wish your child to automatically be placed on the waiting list?		
If there are no current vacancies, do wish to appeal?		

Parent/Carer Details	Title:	Initials:	Surname:
Address: (if different from child's address)	Phone 1:		
Postcode:	Phone 2:		
	Email address:		

OFFICE USE ONLY:	Yes	No
Place available and offered?		
Appeal Requested?		
Appeal Outcome		
Added to waiting list		