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| **Secondary Transfer 2025**  **Supplementary Form to register child for Banding Assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Admissions stamp only |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date received | * **Only complete this form if you are applying to the schools listed below and your child has not taken a CATS4 digital branding assessment in their Tower Hamlets primary school.** * **Your child will be invited to attend a Test Centre in a secondary school to take a CATS4 digital banding assessment, on receipt of this form.** * **You must submit an online application via** [**Eadmissions**](https://www.eadmissions.org.uk/) **as well as this form by 31 October 2024. If you do not complete both forms your application cannot be fully considered.** * **This completed supplementary form must be returned to** [**school.admissions@towerhamlets.go.uk**](mailto:school.admissions@towerhamlets.go.uk) **by 31 October 2024.** * You will need a further separate supplementary form if you are applying to Bishop Challoner, Stepney All Saints Church of England Secondary or Canary Wharf College Crossharbour. These forms are available directly from the schools. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ID |
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| |  |  |  | | --- | --- | --- | | **Bow School** | **Morpeth School** | **Oaklands School** | | **Central Foundation Girls School** | **Mulberry Academy London Dock** | **Stepney All Saints Church of England Secondary** | | **George Green’s School** | **Mulberry Academy Shoreditch** | **St Paul’s Way Trust School** | | **Langdon Park School** | **Mulberry School for Girls** | **Swanlea School** | | **London Enterprise Academy** | **Mulberry Stepney Green** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Child’s Detail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| First names: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| Last name: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| Sex: | Male | | |  | Female | | |  | Date of Birth | | | | | Day | |  |  | Month | | | | |  |  | | Year | | | | |  | |  |
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| Home address: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| Name of your child’s primary school: | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| Borough of primary school: | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| 2 Children with additional needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is your child undergoing a statutory assessment of special educational needs or Education, Health and Care Plan? | | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | |  | | No | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have a final statement of special educational needs or Education, Health and Care Plan? | | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | |  | | No | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Parent’s or carer’s details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tile: |  | Mr | |  |  | Mrs | |  |  | Ms | |  | Miss | | |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| First name: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| Last name: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| Home address: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| (if different from above) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| Daytime phone number: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| Email Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  |  | |  |
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| 4 Preferences for secondary school | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please list below the Tower Hamlets schools you are applying to. You must list the schools in preferred order. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Preference 1 | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Preference 6 | |  | | --- | |  | |
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* Following receipt of this form, your child will be invited to attend a Test Centre in a secondary school to take a CATS4 digital banding assessment.
* This will determine your child’s ability from one of four bands A, B, C or D (A being the lowest and D the highest) based on standardised scores.
* Your child may be disadvantaged if you apply late and they do not take a banding assessment. Assessment refusers receive an ‘Untested’ outcome and are placed in the ‘Untested’ group. They will have their applications considered after the children who have taken the banding assessment.
* You will not be provided with an assessment score at any stage during the transfer to secondary school process.

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| 5 Declaration and signature of the parent or carer | | | |
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| I am the person with parental responsibility for the child named above and the information given is true. I understand that false or misleading information may result in the offer of a place being withdrawn. | | | |
|  | | | |
| Signature: |  | Date: |  |

**Please complete and return to:**

**Email:** [**school.admissions@towerhamlets.gov.uk**](mailto:school.admissions@towerhamlets.gov.uk)

**by 31 October 2024**

Please do not send a paper copy, this will not be received or acknowledged

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