**SCHOOL TRANSFER FORM**

This form **must** be completed in relation to a transfer request between any Lancashire schools. You **must** complete an application for every child (ie one each for twins) who requires a school place.

**Please return to your child's current school.**

|  |  |
| --- | --- |
|  | **SECTION ONE – TO BE COMPLETED BY PARENT** |
|  |  |
|  |
|  | **GENERAL DETAILS OF PUPIL** |
|  |  |
|  | Surname: |       |
|  |
|  | Forename(s) |       |
|  |
|  | Male [ ]  Female [ ]  |
|  |  |
|  | Pupil Address: |       |
|  |  |  |  |
|  |  | Postcode: |       |
|  |  |  |  |  |  |
|  | Date of Birth: |       | School Year Group: |       | (Yr 7, Yr 8 etc) |
|  |  |
|  | Name of Parents/Carers: |       |
|  |  |  |
|  | Telephone: |       | Email address: |       |
|  |  |  |
|  | **Previous Schools/Educational Placements** |
|  |  |
|  | **Authority** | **Establishment Name/****Address** | **From** | **To** | **Tel No** |
|  |       |       |       |       |       |
|  |       |       |       |       |       |
|  |       |       |       |       |       |
|  |       |       |       |       |       |
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|  | **SIBLINGS AT THE SAME SCHOOL** |
|  |  |
|  | Details of siblings who will be attending the school now being applied for. (*Siblings includes brothers and sisters, stepchildren, half brothers and sisters, adopted and foster children living with the same family* ***at******the same address).*** |
|  | **Name(s)** | **Date of Birth** | **School** | **Female** | **Male** |
|  |       |       |       |[ ] [ ]
|  |       |       |       |[ ] [ ]
|  |       |       |       |[ ] [ ]
|  |  |
|  | **Additional Information About Your Application/School Preferences** |
|  |  |
|  | Additional information to support your application may be provided. This can be medical, social and welfare information relating to the pupil and/or the family. Evidence from an appropriate professional (eg doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary. |
|  |       |
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|  |  |
|  | Have you discussed this application with your child's current school? **Yes** [ ]  **No** [ ]  |
|  | If yes, please state the staff member's name |       |
|  |  |
|  |  |
|  | **DECLARATION**I/We confirm that the information provided is accurate at the time of this application. I/we acknowledge that the offer of a place will be based upon this application and that an offer may be withdrawn if subsequently it is found to have been made in relation to inaccurate or misleading information.  |
|  |  |
|  | **Parent(s)/Carer(s)** |  | **Date:** |  |
|  |  |  |  |  |
|  | **Parent(s)/Carer(s)** |  | **Date:** |  |
|  |  |  |  |  |
|  | **SECTION TWO – TO BE COMPLETED BY CHILD'S CURRENT SCHOOL** |
|  |  |
|  | **THIS SECTION IS FOR THE HEADTEACHER OF THE CHILD'S CURRENT LANCASHIRE SCHOOL TO COMPLETE, and is compulsory for parents/carers applying for a school transfer** |
|  |  |
|  |  |
|  | **PUPIL BACKGROUND** |
|  |  |
|  | **(Previous Education/Support History *(Please tick as appropriate)*** |
|  |  |  | **Contact Name** | **Contact No** |
|  | Is this pupil in care (looked after)? | **Yes** [ ]  | **No** [ ]  |  |  |
|  | If yes, to which Local Authority |  |
|  | Children's Services involvement? (Social Worker) | **Yes** [ ]  | **No** [ ]  |  |  |
|  | Child subject to a Child Protection Plan? | **Yes** [ ]  | **No** [ ]  |  |  |
|  | Previously Permanently Excluded? | **Yes** [ ]  | **No** [ ]  |  |  |
|  | Previous Exclusion Record? | **Yes** [ ]  | **No** [ ]  |  |  |
|  |  |  |  |
|  | Special Educational Needs Status: |  |
|  |  |  |  |
|  |  | **Contact Name** | **Contact No** |
|  | Non Attendance (over one term) **Yes** [ ]  | **No** [ ]  |  |  |
|  | CME Involvement? (non attendance) **Yes** [ ]  | **No** [ ]  |  |  |
|  | CAMHS Involvement? (adolescent mental health) **Yes** [ ]  | **No** [ ]  |  |  |
|  | Health Authority Involvement? **Yes** [ ]  | **No** [ ]  |  |  |
|  | Youth Offending Team Involvement? **Yes** [ ]  | **No** [ ]  |  |  |
|  | Traveller Education Service Involvement? **Yes** [ ]  | **No** [ ]  |  |  |
|  | Does the child have a criminal record? **Yes** [ ]  | **No** [ ]  |  |  |
|  |  |  |  |
|  | Other (Please give brief details) |  |
|  |  |
|  | Please provide any further information that would assist in the processing of this application |
|  |       |
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|  | Please sign below to confirm that you are aware an application has been made for the above pupil in line with the Lancashire schools' termly protocol |
|  |  |
|  | **Headteacher:** |       | **Date:** |       |
|  |  |  |  |  |

School Transfer between Lancashire Schools

Application Form Updated June 2021