**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.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **SECTION ONE – TO BE COMPLETED BY PARENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **GENERAL DETAILS OF PUPIL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Surname: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Forename(s) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Male  Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Pupil Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Date of Birth: | | |  | | | | | | | | | | | School Year Group: | | | | | | | |  | | | | | | | | (Yr 7, Yr 8 etc) | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of Parents/Carers: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | Telephone: | | | |  | | | | | | | | | | | | Email address: | | | | | |  | | | | | | | | | | | |
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|  | **Previous Schools/Educational Placements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Authority** | | | | | **Establishment Name/**  **Address** | | | | | | | | | | | | | **From** | | | | | | | | **To** | | | | **Tel No** | | | |
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|  | **SIBLINGS AT THE SAME SCHOOL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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** | |
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|  | | **Additional Information About Your Application/School Preferences** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 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 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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|  | | **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Parent(s)/Carer(s)** | | | | |  | | | | | | | | | | | | | **Date:** | | | | |  | | | | | | | | | |
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|  | | **Parent(s)/Carer(s)** | | | | |  | | | | | | | | | | | | | **Date:** | | | | |  | | | | | | | | | |
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|  | | **SECTION TWO – TO BE COMPLETED BY CHILD'S CURRENT SCHOOL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **PUPIL BACKGROUND** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **(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** | | | | | | |  | | |  | | |
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|  | | Special Educational Needs Status: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | | 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** | | | | | | | |  | | |  | |
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|  | | Other (Please give brief details) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Headteacher:** | | | | | |  | | | | | | | | | | | | **Date:** | | | | | |  | | | | | | | | |
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School Transfer between Lancashire Schools

Application Form Updated June 2021