



## In-year transfer – application form for Thorp Primary School

Please note this application form **must** be completed in full and submitted with all relevant records about the pupil to Thorp Primary School. Section B must be completed by the pupil's current school before submitted.

SECTION A (To be completed by the parent / guardian)

### **Pupil's details**

First Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Year Group \_\_\_\_\_

Last Name: \_\_\_\_\_ Male / Female: \_\_\_\_\_

Address: \_\_\_\_\_

### **Name (s) of parent / guardian**

Name: \_\_\_\_\_ Relationship to pupil \_\_\_\_\_ Telephone number \_\_\_\_\_

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### **Current School**

Name of current school: \_\_\_\_\_ Start date: \_\_\_\_\_ End date \_\_\_\_\_

Attending School: YES / NO      Number of Schools attended: \_\_\_\_\_

Any other previous school attended: \_\_\_\_\_

Length of time out of education (if applicable) \_\_\_\_\_

### **New Arrivals to the UK**

Date of arrival in the UK: \_\_\_\_\_ Country arrived from: \_\_\_\_\_

Status in the UK \_\_\_\_\_

Country of origin: \_\_\_\_\_ First language: \_\_\_\_\_

Does the child speak/read/write English? YES / NO

School attended: \_\_\_\_\_ Address \_\_\_\_\_

Last date of attendance at school: \_\_\_\_\_

### **Parent's reason for transfer request**

Please give all the details as to why you want your child to transfer schools.

Please indicate below if any other agencies are involved, or have been involved with your child

	Involved	Dates (if known)
Education Attendance Service		
AEN Service (QEST)		
Educational Psychologist		
CAMHS		
Youth Offending Team		
Social Care		
Health Authority		
Other Agency-		

**SECTION B – Information to support the transition**

**(To be completed by the headteacher/main contact at the current or last attended school)**

The questions below are for information purposes only and will be passed to the Thorp Primary school. Please complete all sections in full and attach all relevant information so that the transfer is processed as effectively and efficiently as possible.

Name of main current school contact: \_\_\_\_\_ Tel number: \_\_\_\_\_

**Please circle Yes or No and provide attachments where requested**

Is the pupil looked after or has been looked after previously?	Y/N	Home Authority: Name of Social Worker: <b>Please attach PEP</b>	
Is the pupil on a Child Protection Plan?	Y/N	Name of Social Worker:	
Is the pupil 'Child In Need Status'?	Y/N	Name of Social Worker:	
Does the pupil have an EHCP?	Y/N	Primary Special Need:	
Is the pupil on the SEN register?	Y/N	Undergoing Statutory Assessment SEN School Support	Y/N Y/N
Does the pupil have any medical conditions or disabilities?	Y/N	<b>If yes, please attach details and include details of adjustments and/or interventions in school</b>	
Has the pupil been permanently excluded from school?	Y/N	Name of PRU: Reason:	
Has the pupil had any fixed-term exclusions?	Y/N	<b>If yes, please attach details</b>	
Does this pupil have a Pastoral Support Plan or Individual Education Plan in place?	Y/N	<b>If yes, please attach</b>	
Does this pupil have a CAF in place?	Y/N	<b>If yes, please attach</b>	
Please give attendance for last academic year and current attendance figures		<b>Please attach attendance records</b>	

Completed by:

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / carer signature: \_\_\_\_\_ Date: \_\_\_\_\_