

IN-YEAR TRANSFER APPLICATION



ROCHDALE
BOROUGH COUNCIL

PART TWO – TO BE COMPLETED BY THE CHILD’S CURRENT OR PREVIOUS SCHOOL

Information for Parents and Carers:

If you are transferring between schools in the Rochdale Borough or if your child attends a school that is not in the Rochdale Borough but you are not moving house, this part of the application must be completed by your child’s current school.

Information for the current or previous school:

Please complete this form as fully as possible, otherwise the form may be returned for more information which may delay the application.

SECTION 1 – SCHOOL DETAILS

NAME OF SCHOOL	
CONTACT NAME	
DESIGNATION	
CONTACT NUMBER	
EMAIL ADDRESS	

SECTION 2 - PUPIL DETAILS

SURNAME		FORENAME(S)				
DATE OF BIRTH		MALE/FEMALE	YEAR GROUP			
DATE PUPIL STARTED AT THIS SCHOOL:						
IS THE CHILD STILL ATTENDING THIS SCHOOL?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

SECTION 3 – ATTENDANCE

Please provide details of attendance over the previous 2 full terms

TERM	DATES	ATTENDANCE (%)	AUTHORISED ABSENCE (%)	UNAUTHORISED ABSENCE (%)

SECTION 3 – ADDITIONAL DETAILS

DOES THE CHILD HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IS THE CHILD LOOKED AFTER BY A LOCAL AUTHORITY?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, PLEASE STATE WHICH LOCAL AUTHORITY:				
<i>Are there any other Agencies or Services (e.g. Education Welfare Service, Social Services, CAMHS, Education Psychology, Sunrise) involved with the child? If so, please provide contact details below:</i>				
AGENCY	CONTACT NAME		CONTACT TELEPHONE NUMBER	

SECTION 4 – RESOLVING ISSUES

HAS THE TRANSFER REQUEST BEEN DISCUSSED WITH THE PARENT/CARER?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					
WHO HAS MET WITH/DISCUSSED THE TRANSFER REQUEST WITH THE PARENT/CARER									
HEAD TEACHER	<input type="checkbox"/>	DEPUTY HEAD	<input type="checkbox"/>	HEAD OF YEAR	<input type="checkbox"/>	CLASS TEACHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
NAME OF PERSON WHO MET WITH PARENT/CARER									
DATE OF MEETING									

What attempts have been made to try to resolve any issues detailed in Section 5 of the Part One of the application? Continue on a separate sheet if necessary

SECTION 5 - BEHAVIOUR

DOES THE PUPIL PRESENT ANY CHALLENGING BEHAVIOUR?

YES

NO

If yes, please provide extra information including details of any internal or external exclusions and any disciplinary procedures. Continue on a separate sheet if necessary.

HAS THE CHILD RECEIVED ANY EXCLUSIONS IN THE PREVIOUS 12 MONTHS?

YES

NO

If yes, please state:

Number of Internal Exclusions

Number of External Exclusions

SECTION 6 – FURTHER INFORMATION

WOULD YOU CONSIDER THE TRANSFER TO BE DETRIMENTAL TO THE PUPIL?

YES

NO

If yes, please provide extra information:.

WOULD YOU CONSIDER THERE TO BE EXCEPTIONAL REASONS RELATING TO THE TRANSFER TO BE TAKEN IN TO ACCOUNT?

YES

NO

If yes, please provide extra information:.

SECTION 7 – FAIR ACCESS PROTOCOL

This section is required to help the Local Authority to ascertain whether or not the Fair Access Protocol will apply to this application.

Has the child ever been Permanently Excluded from a school?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the child currently attending a Pupil Referral Unit?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the child not currently on a school roll? E.g. is new to the area or has been withdrawn from their previous school.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does the child have a history of behavioural difficulties?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the child from an unsupported background (e.g. where parents have not sought a place)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does the child have a history of poor attendance? (e.g. less than 85% over the previous 2 consecutive full terms)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the child currently on (or recently completed) a Youth Offending Order?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has the child returned from custody or secure accommodation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has the child been out of an educational setting for more than one term?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has the child moved to the Borough during Year 11 or after Easter in Year 10?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the child seeking to transfer schools in Year 11 without a change of address?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the child on the Child Protection register or classed as a child in need?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the child a carer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does the child have Special Educational Needs (but is not subject to a Statement)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does the child have a disability or medical condition?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the child from a gypsy, Roma, traveller, refugee or asylum seeker group?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the child a child of UK Service Personnel or other Crown Servant?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

PLEASE STATE NUMBER OF ADDITIONAL SHEETS PROVIDED WITH THIS FORM:

		<input type="text"/>
SCHOOL STAMP	SIGNED	
	DATE	

Please complete this form and return it to the Parent/Carer within 5 days of receipt for submission to the Admissions Team.