

# IN-YEAR SUPPLEMENTARY FORM



**ROCHDALE**  
BOROUGH COUNCIL

Please complete this form in **BLOCK CAPITALS** in blue or black ink

This form must be completed by the pupil's current or previous school and submitted with the paper application form, or uploaded with the online application. Alternatively, the form can be emailed to [school.admissions@rochdale.gov.uk](mailto:school.admissions@rochdale.gov.uk) or sent via post to School Admissions Team, Floor 4, Number One Riverside, Smith Street, Rochdale, OL16 1XU.

**Please Note:** Transfer requests will not be processed until both the In Year application is submitted (either online or via a paper form) and this supplementary form is received by the School Admissions team.

## Pupil details

First Name(s)		Last Name					
Date of Birth		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Year Group	<input type="text"/>

## Current/previous school details

Name of School/Academy	<input type="text"/>
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**Attendance** – please provide attendance history for the previous two consecutive full terms. If the pupil has not attended for two full terms, please provide the full attendance record.

Term	Dates	Attendance (%)	Authorised Absence (%)	Unauthorised Absence (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the pupil still attending your school? Yes  No

If **No**, please state the date the pupil last attended:

Is the pupil still on roll at your school? Yes  No

Is the pupil eligible for Free School Meals? Yes  No

Has the transfer request been discussed with the parent or carer? Yes  No

If Yes, who discussed the request?

Head Teacher	<input type="checkbox"/>	Deputy or Assistant Head	<input type="checkbox"/>	Head of Year	<input type="checkbox"/>	Class Teacher	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Please details what attempts have been made to try to resolve any issues?

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## Additional information

Does the pupil have an Education Health and Care Plan?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the pupil Looked After or previously Looked After by a Local Authority?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Previously Looked After Children are those who were looked after but are now adopted, or subject to a Child Arrangements Order or Special Guardianship Order.</i>		
If <b>Yes</b> , please state:		
Care Authority	Name of Social Worker	Contact Telephone Number
Is the child from a Gypsy, Roma, Traveller or Asylum Seeker group?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , please state:      Gypsy <input type="checkbox"/> Roma <input type="checkbox"/> Traveller <input type="checkbox"/> Asylum Seeker <input type="checkbox"/>		
Is the pupil on a Child Protection Plan?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the pupil classed as a 'Child in Need'?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the pupil have an Early Help Assessment (EHA) in place?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the pupil on the SEN register?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , please state:		
EHCP		<input type="checkbox"/>
Undergoing Statutory Assessment		<input type="checkbox"/>
SEN Support		<input type="checkbox"/>
Does the pupil have any medical conditions or disabilities?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , please attach details and include details of any adjustments and/or interventions in school		
Is the child currently on (or has 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"/>
Is the child a carer?		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"/>



## Behaviour

Does the pupil present with challenging behaviour? Yes  No

If **Yes**, please provide extra information, including details of any exclusions and disciplinary procedures? Continue on a separate sheet if necessary.

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Has the pupil ever been permanently excluded from school? Yes  No

If **Yes**, please state:

Date of permanent exclusion		Reason for permanent exclusion	
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Has the pupil had any fixed term or internal exclusions? Yes  No

If **Yes**, please state:

Number of Fixed Term Exclusions		Number of internal exclusions	
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Please attach details including dates and reasons

Has the pupil ever been on a 'managed move' to another school? Yes  No

Does the pupil have a Pastoral Support Plan or Individual Education Plan in place? Yes  No

## Other agency involvement

Please state if any of the following agencies have involvement with this pupil:

Attendance and Safeguarding / Education Welfare	<input type="checkbox"/>	Educational Psychology	<input type="checkbox"/>	Healthy Young Minds	<input type="checkbox"/>
Equalities Team	<input type="checkbox"/>	Police	<input type="checkbox"/>	Youth Offending Team	<input type="checkbox"/>
Children's Social Care	<input type="checkbox"/>	Early Help	<input type="checkbox"/>	Sunrise	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please state name	<input type="text"/>		



## Other agency contact details

Please provide contact information for any individuals or agencies working with this pupil.

Agency	Name	Contact number/email address

## Details of person completing this form

Name:	
Position:	
Contact Telephone Number:	
Email Address:	
School/Academy Stamp:	
Date Completed:	

## Head Teacher declaration/countersignature

I have read and checked the information provided on this form and I declare that the information provided therein is accurate.

If this transfer request is for a move from one Rochdale school to another, do you agree with this transfer?      Yes  No

Signed:	<p>.....</p> <p>(Head Teacher)</p>
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