



# FIR BANK SCHOOL



## In-year transfer – application form

Please note this application form **must** be completed in full and submitted with all relevant records about the pupil to Fir Bank School. The form 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 \_\_\_\_\_

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

#### **Current School**

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

Attending School: YES / NO

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

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

Date of arrival in the UK: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Country arrived from: \_\_\_\_\_ Status in the UK \_\_\_\_\_

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

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

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

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

#### **School Preferences (in priority order)**

1.

2.

3.

**Parent's reason for transfer request**

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

## 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 receiving 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 a statement of special educational needs?	Y/N	Primary Special Need:
Is the pupil on the SEN register?	Y/N	Undergoing Statutory Assessment School Action plus School Action
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>

### Agency Involvement – Please Tick

Education Attendance Service	
AEN Service (QEST)	
Educational Psychologist	
CAMHS	
Youth Offending Team	
Social Care	
Health Authority	
Other Agency	

### Signatures must be completed

Authorised by:  
Full Name:  
Position:  
Signature:  
Date:  
Parent / carer signature:  
Date: