

TAMESIDE COUNCIL SCHOOL TRANSFER REQUEST FORM

This form must be used to request a transfer between schools during the school year.

Please complete the form in BLOCK CAPITALS and sign the declaration in Section 7. After asking your child's current school to complete Section 8 return the form to School Admissions, Hyde Town Hall, Market Street, Hyde, SK14 1AL or send by email: schooladmissions@tameside.gov.uk

Section 1: Child Details

1. First Name:	Middle Name(s):	Surname:
2. Date of Birth:	3. Age:	4. Current Year Group:
5. Gender (please tick): BOY <input type="checkbox"/> GIRL <input type="checkbox"/>		
6. Is your child new to the UK? NO <input type="checkbox"/> YES <input type="checkbox"/> Date arrived in UK:		
7. Does your child need support to speak English? (please tick): YES <input type="checkbox"/> NO <input type="checkbox"/> SOME <input type="checkbox"/>		
8. First Language learned (or home language):		
9. Current Address:		
10. Postcode:	11. How long has the child lived at this address?	
12. Proposed New Address:		
13. Postcode	14. Date of Change of Address (evidence may be requested):	
15. Is the child in public care (LAC) or fostered under an arrangement by the Local Authority? If YES please give the name of the Local Authority:		YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Was the child previously looked after and now adopted, on a residency order or special guardianship order?		YES <input type="checkbox"/> NO <input type="checkbox"/>
17. Does the pupil have a Education Health & Care Plan (EHCP) or Statement of Educational Needs which names a school or specialist provision?		YES <input type="checkbox"/> NO <input type="checkbox"/>
18. Is the child Baptised Roman Catholic?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Section 2: Parent / Carer Details

Please note: Section 2 should be completed by those with Parental Responsibility for the child. Where parents have shared responsibility for a child, they must discuss and agree on the need for a transfer and the preferred schools.

Parent / Carer 1	First Name:	Surname:	Title:
1. Your relationship to the child (e.g. Eg. Mother, Father, Carer, Social Worker etc):			
2. Address if different from pupil's address:			
3. Mobile Phone:		4. Home Phone:	
5. Email address:			
Parent / Carer 2	First Name:	Surname:	Title:
1. Your relationship to the child (e.g. Eg. Mother, Father, Carer, Social Worker etc):			
2. Address if different from pupil's address:			
3. Mobile Phone		4. Home Phone:	
5. Email address:			

Section 3: School Preferences

Preference 1 **School Name:**

Name(s) of siblings attending this school:

Reasons for preferring this school:

Preference 2 **School Name:**

Name(s) of siblings attending this school:

Reasons for preferring this school:

Preference 3 **School Name:**

Name(s) of siblings attending this school:

Reasons for preferring this school:

Section 4: Your Child's School History

This section **must** be completed even if the previous school was not in the UK

1. **Current** (or most recent) school name and address:

2. Is the pupil still attending? YES NO Date last attended:

3. Reason for leaving current (or most recent) school:

4. **Previous** school name and address:

5. Reason for leaving previous school:

Section 5: Reasons for Application

Please indicate your reasons for requesting a new school place

Please tick

- | | |
|---|--------------------------|
| a) Moving from one area of Tameside to a different area of Tameside | <input type="checkbox"/> |
| b) Moving to Tameside from another area of the UK | <input type="checkbox"/> |
| c) Moving to Tameside from another country (please state which country) | <input type="checkbox"/> |
| d) No house move but would like to move schools | <input type="checkbox"/> |
| e) Leaving private education | <input type="checkbox"/> |
| f) Leaving Elective Home Education | <input type="checkbox"/> |
| g) Other (please state here): | |

Have you met with your child's current school to discuss your reasons for requesting a transfer? YES NO

Who did you speak to at your child's current school? Head Teacher? Other?

Outcome of discussion:

Section 6: Additional Information

This section **must** be completed – **at least one box must be ticked**. This information will be used to determine whether the application should be dealt through the Fair Access Protocol. Please see the Tameside Website for more information: <http://www.tameside.gov.uk/schools/admissions>

Please tick all that apply:

- | | |
|--|---|
| a) Asylum Seeker / Refugee <input type="checkbox"/> | g) Returning from the Pupil Referral Service (PRS) <input type="checkbox"/> |
| b) Gypsy / Roma / Traveller <input type="checkbox"/> | h) Permanently Excluded <input type="checkbox"/> |
| c) Homeless / Living in a refuge <input type="checkbox"/> | i) Behaviour causing concern or at risk of exclusion <input type="checkbox"/> |
| d) Young Carer <input type="checkbox"/> | j) Returning from the criminal justice system <input type="checkbox"/> |
| e) Special educational needs requiring specific support (state below) <input type="checkbox"/> | k) Less than 65% attendance at current / previous school <input type="checkbox"/> |
| f) Out of education for more than 2 months <input type="checkbox"/> | l) Disability / serious medical condition (state below) <input type="checkbox"/> |
| m) None of the above <input type="checkbox"/> | |

Please provide any further information as requested above (persons supporting the family may also include comments here):

Continue on additional sheet if necessary

Section 7: Parent / Carer Declaration

I certify that I have parental responsibility for the child named in Section 1 and that all persons with parental responsibility have agreed to this transfer. I confirm that the information given on this form is true to the best of my knowledge and belief. I understand that giving false or deliberately misleading information may result in the withdrawal of the offer of a school place.

Signature of parent **Date**.....

Data Protection Act 1998: In accordance with the Data Protection Act 1998 we must inform you that by signing these forms you are giving your consent for Tameside Metropolitan Borough Council (MBC) to process the information detailed in this form for the purposes of school admissions. The information may be shared not only with other departments in Tameside MBC but also with other relevant professionals and bodies such as schools, the Department for Education and the NHS. This sharing will only be done where it is necessary to provide you with a school place or where we are legally obliged to do so and is strictly in accordance with the Data Protection Act 1998.

If this form has been completed on behalf of the parent or carer, please provide your details:

Name:	Role / relationship to child or family:
Signature..... Date.....	

Section 8: Current / Previous School Information

Information for parents / carers: This section must be completed by a senior person at your child's current school if the transfer request is between two schools in Tameside, or where the child is still attending a school in another local authority.

Information for the current / last school: this section should be completed by a member of the Senior Management Team at school. Please complete as fully as possible, otherwise the form may be returned for more information which will delay the process.

1. Name of School:	2. School Phone No.
3. Contact Name:	4. Position / Role:
5. Date pupil started school: Date pupil left (if no longer registered):	6. Is the pupil still attending? YES / NO Date last attended if NO:
7. Attendance over the previous 2 terms: %	9. Please attach attendance certificate
8. Attendance over the past academic year: %	
10. If pupil has been on roll less than 12 months give previous school name:	
11. Is the child in public care (LAC) or fostered under an arrangement by the Local Authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Was the child previously looked after and now adopted, on a residency order or special guardianship order?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. Does the pupil have a Education Health & Care Plan (EHCP) or Statement of Educational Needs which names a school or specialist provision?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. Is there are Family CAF open?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. Has Social Services been involved with the family?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Has the pupil been permanently excluded from school?	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. If not permanently excluded – has the pupil had provision in a PRU during the previous 12 months	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. Total number of Fixed Term Exclusions within the previous 12 months:	Total Days:

Please use the space below to provide **contact details for any support agencies involved with the pupil** and to provide additional information to assist the transfer process.

Additional Information:

Continue on additional sheet if necessary

Do you support the parents' request to transfer their child?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Head Teacher's Signature		Date

DATA PROTECTION ACT

The Council maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may also be shared with other Local Authorities. Verification of Information – the Council may verify information you have provided on this form, which could involve contacting other departments of the Council or other Councils who maintain records. In instances where the information provided is different from that held, they may use the information on this form.