

**DATE RECEIVED**

**TAMESIDE COUNCIL SCHOOL TRANSFER REQUEST FORM**

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| 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, Tameside Council, PO Box 317 Ashton-under-Lyne OL6 0GS or send by email: schooladmissions@tameside.gov.uk |
| **Section 1: Child Details** |
| 1. **First Name**: **Middle Name(s)**: **Surname:**
 |
| 1. **Date of Birth**:
 | 3. Age: | 4. Current Year Group: |
| 5. Gender (please tick): BOY GIRL |
| 6. Is your child new to the UK? NO YES Date arrived in UK: |
| 7. Does your child need support to speak English? (please tick): YES NO SOME |
| 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 NO |
| 16. Was the child previously looked after and now adopted, on a residency order or special guardianship order? | YES NO |
| 17. Does the pupil have a Education Health & Care Plan (EHCP) or Statement of Educational Needs which names a school or specialist provision? | YES NO |
| 18. Is the child Baptised Roman Catholic?  | YES NO |
| **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): |
| 1. Address if different from pupil’s address:
 |
| 1. Mobile Phone:
 | 1. Home Phone:
 |
| 1. Email address:
 |
| **Parent / Carer 2** | First Name: Surname: Title: |
| 1. Your relationship to the child (e.g. Eg. Mother, Father, Carer, Social Worker etc):
 |
| 1. Address if different from pupil’s address:
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| 1. Mobile Phone
 | 1. Home Phone:
 |
| 1. Email address:
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| **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:
 |
| 1. Is the pupil still attending? YES NO Date last attended:
 |
| 1. Reason for leaving current (or most recent) school:
 |
| 1. **Previous** school name and address:
 |
| 1. Reason for leaving previous school:
 |
| **Section 5: Reasons for Application**  |
| **Please indicate your reasons for requesting a new school place** Please tick  |
| 1. Moving from one area of Tameside to a different area of Tameside
 |
| 1. Moving to Tameside from another area of the UK
 |
| 1. Moving to Tameside from another country (please state which country)
 |
| 1. No house move but would like to move schools
 |
| 1. Leaving private education
 |
| 1. Leaving Elective Home Education
 |
| 1. 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: |

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| **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: |
| 1. Asylum Seeker / Refugee
 |  g) Returning from the Pupil Referral Service (PRS) |
| b) Gypsy / Roma / Traveller |  h) Permanently Excluded |
| c) Homeless / Living in a refuge |  i) Behaviour causing concern or at risk of exclusion |
| d) Young Carer |  j) Returning from the criminal justice system |
| e) Special educational needs requiring specific support (state below) |  k) Less than 65% attendance at current / previous school |
| f) Out of education for more than 2 months |  l) Disability / serious medical condition (state below) |
|  m) None of the above  |
| **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:
 | 1. School Phone No.
 |
| 1. Contact Name:
 | 1. Position / Role:
 |
| 1. Date pupil started school:

Date pupil left (if no longer registered): | 1. Is the pupil still attending? YES / NO

Date last attended if NO: |
| 1. Attendance over the previous 2 terms: **%**
2. Attendance over the past academic year: **%**
 | 1. Please attach attendance certificate
 |
| 1. If pupil has been on roll less than 12 months give previous school name:
 |
| 1. Is the child in public care (LAC) or fostered under an arrangement by the Local Authority?
 | YES NO |
| 1. Was the child previously looked after and now adopted, on a residency order or special guardianship order?
 | YES NO |
| 1. Does the pupil have a Education Health & Care Plan (EHCP) or Statement of Educational Needs which names a school or specialist provision?
 | YES NO |
| 1. Is there are Family CAF open?
 | YES NO |
| 1. Has Social Services been involved with the family?
 | YES NO |
| 1. Has the pupil been permanently excluded from school?
 | YES NO |
| 1. If not permanently excluded – has the pupil had provision in a PRU during the previous 12 months
 | YES NO |
| 1. 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 NO |
| 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.