



Mid Year School Transfer Form

Please complete and return this form to **The Admissions Team, Children's Services, Sanford House, Sanford Street, SWINDON SN1 1QH**. Please note that the information you provide on this form will be shared with the Headteacher of the School where your child is currently on roll and relevant officers within the LA. Completion of this form does not **guarantee** your child a place at your preferred school.

- If possible you should ask your child's current Headteacher to complete Part 2 of the form. The School will return this to you to send to The Admissions Team.
- Alternatively, if you are unable to get the school to complete Part 2 of the form, send directly to us with Part 1 completed.

Please do not be alarmed if your preferred school asks for a report from your current school. This is quite normal and enables the school to assess your child's educational needs.

A decision will be made within two working weeks. Transfers normally take place at the start of a new term. If there is room at your preferred school, your child will be admitted. You are normally responsible for all transport costs.

If you have applied for a Voluntary Aided School, denominational requirements will be considered

Contact numbers for The Admissions Team are 01793 465790/465791/465867/465789

PART 1: YOUR CHILD

Family Name First Name(s) Male Female

Home Address:

..... Postcode

Nationality Date of Birth Year Group

What do you consider to be your child's first language?.....

YOUR CHILD'S SCHOOL

School at which your child is currently registered:

Is your child currently attending this school? Yes No

If **NO**, - What was the last date your child attended this school?

- Please explain how your child is currently being educated.

.....

Has your child been the subject of a permanent or fixed term exclusion Yes No

at either this or a previous school?

Has your child previously attended a Special School or Pupil Referral Unit? Yes No

Is the child in public care? Yes No

Does your child have any of the following:

• A Statement of Special Educational Needs Yes No

• Support in school as part of an Individual Education Plan (IEP) Yes No
or a Pastoral Support Programme (PSP)

• A particular medical requirement which results in the need Yes No
for specialist facilities or support

If you have answered yes to any of the above, please provide further information on a separate sheet, together with copies of any relevant supporting documentation.



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YOUR DETAILS

Title: Mr/Mrs/Miss/Ms/Dr Initials..... Family Name

Relationship to child.....

Address (if different from section 1).....

Postcode

Home Telephone No Other Contact/Mobile No

Other Adult(s) with Parental Responsibility for the child (all adults with parental responsibility should sign this form, where possible).

Title: Mr/Mrs/Miss/Ms/Dr Initials..... Family Name

Relationship to child

Address (if different from above).....

Postcode □□□□□□

YOUR REASONS FOR SEEKING ADMISSION TO AN ALTERNATIVE SCHOOL

I wish to apply for a place at school for the following reasons (please continue on a separate sheet if necessary):

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.....
.....
.....

COMMUNICATION

If your child is experiencing problems, what steps have you taken and/or who have you spoken to, to try to solve them? Please give details:

.....
.....
.....
.....

If there has been a bullying issue, have you seen the school's anti-bullying policy? Yes No

DECLARATIONS

I understand that

- should my child be allocated a place at my preferred school, I will be responsible for transport to and from the school unless the school is in the designated area or nearest school to my home address and is beyond the statutory walking distance;
- the information provided will be shared with relevant Headteachers and officers within the LA; and
- I declare that the information contained in this form is both accurate and up-to-date.

Signature(s) Date



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PART 2: CHILD'S CURRENT SCHOOL

This section should be completed by the headteacher of your child's current/previous school.

Name: School:

If the child has been having any difficulties in school, please summarise below:

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.....
.....

Have attempts been made to resolve these difficulties in school? If so, what strategies and with what result?

.....
.....
.....

Has the transfer request been discussed with the school?

.....
.....

Does the school consider the transfer necessary? Yes No

Please give reasons:

.....
.....

Would a transfer be detrimental to the child in any way? Yes No

Please give reasons:

.....
.....

What is the child's record of attendance in the last 12 months? Please give % attendance and no. of unauthorised absences (days):

.....
.....

Would you consider there to be any attendance-related difficulties? Yes No

Please give possible reasons for this:

.....
.....

What stage of the SEN Code of Practice is she/he on?

School Action School Action Plus Under Assessment Statemented

Has the child been excluded on a fixed term basis from your school during the last 12 months?

Yes No If yes, please give details below or attach sheets:

.....
.....

Are you aware of any exclusions from previous schools? Yes No Don't know

If yes, please give details:

.....
.....

Have relevant agencies been involved, or school based initiatives been tried? Yes No

If yes, please give details:

.....
.....
.....

Signature: Date: School Stamp:

