

IN YEAR TRANSFER APPLICATION FOR A CHANGE OF PRIMARY SCHOOL PLACE

Before completing this form, please read the following guidance, transfer process, and information sections to determine if a transfer is in the best interests of your child.

DO NOT USE THIS FORM IF YOUR CHILD IS MOVING HOUSE. PLEASE REQUEST FORM T1 FROM THE SCHOOL PLACES AND ADMISSIONS TEAM ON 03000 265896

GUIDANCE

Will a move really be in my child's best interests? An application to change a child's school will need **careful consideration**. It is vital that parents/carers consider the effect on their child(ren) if they are considering changing schools.

There are very few differences that cannot be resolved if an issue is discussed openly and reasonably between the school and parent/carer. Should you require any help and support, please contact School Places & Admissions on 03000 265896 and we will be able to direct you to the most appropriate officer or service.

THE TRANSFER PROCESS

We will process school transfer requests as quickly as possible.

- School transfer requests are dealt with in order of receipt. We generally advise that it can take up to 10 school days from the date of receipt for the process to start, however during peak times it could take slightly longer.
- As a school place can only be held for two school weeks, if your request is not for an immediate transfer, the 10 school day period advised above will begin 10 school days prior to the start date you asked for. Transfer requests for the start of the following academic year are dealt with from the last week of June onwards.
- Please note, "school days" do not include weekends or school holidays. Whilst some school staff may access emails intermittently during school breaks, we cannot guarantee that we will receive a response from them before they return. This means that if your request is received just before or during a school break, you may not receive your outcome until the school restarts.
- Our Fair Access Protocol provides further detail and can be found in our primary and secondary school brochure that is available in a downloadable link on www.durham.gov.uk/schooladmissions

Parents/carers must complete Sections A – G

You will then need to send (or hand) the form to your child's current or most recently attended school. That school will then forward the form to us. If you are returning the fully completed form to us yourself, please do so at schooladmissions@durham.gov.uk

If you have any queries regarding the completion of this form, please ring 03000 265896.

Your form will not be processed unless all the information requested is provided

INFORMATION

Definition of a privately fostered child – an arrangement that occurs when a child who is under 16 (or under 18 if disabled) is cared for someone other than their parent or a close relative, with the intention that it should last for 28 consecutive days or more and without the involvement of a LA.

Definition of a young carer – children and young people under 18 who provide regular or ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

Definition of a sibling link is children who live as brother or sister in the same house, including natural brothers or sisters, half brothers or sisters, adopted brothers or sisters, stepbrothers or sisters and children of the parent/carer's partner. Some schools give priority to siblings of children attending another community and voluntary controlled school with which they have close links (for example, schools on the same site). These are called linked schools. Please see the Primary School Admissions Guide on www.durham.gov.uk/schooladmissions.

If a place can be offered, you will be notified of this by letter. You must contact the school to arrange for your child to start at the school within two school weeks of the date of the offer. **If there is going to be a significant delay in your child starting, we may need to withdraw the offer.**

If a place cannot be offered at your preferred school/s, we will let you know how to place your child's name on the school's waiting list and/or appeal for a place.

It is the responsibility of the parent/carer to inform the current school when your child will be leaving if they are successful in securing a place elsewhere.

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SECTION A: CHILD'S DETAILS

Surname/Family Name:

First Name:

Middle Name(s):

Gender Male Female Please tick

Date of Birth

DD	MM	YY
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Child's Current Year Group:

Child's Address:

Post Code:

Name and address of current /
previous school:

Local Authority where the school is
located:

Date the child last attended this
school:

SECTION B: PREFERRED SCHOOLS AND REASONS FOR THE PREFERENCE

Preferred School	1.
	2.
	3.

If any of your preferences are for Roman Catholic or Church of England Aided Schools, please state your child's religion:

When would you like your child to start your preferred school?

Please state your full reasons for requesting a school transfer, including (if applicable), how you have attempted to resolve any difficulties at the child's current /most recently attended school:

What strategies/measures/interventions have been implemented for your child from their current/most recently attended school? (Please tick all appropriate boxes:

Review/Planning Meetings	<input type="checkbox"/>	Detentions	<input type="checkbox"/>
Individual Review System	<input type="checkbox"/>	Discussed at Primary BIP Panel	<input type="checkbox"/>
Modified Timetable	<input type="checkbox"/>	Appearance At Governing Body Meeting	<input type="checkbox"/>
Parental/Contact/Involvement	<input type="checkbox"/>	On Reports	<input type="checkbox"/>
Change Of Form/Teaching Group	<input type="checkbox"/>	Education Welfare Service	<input type="checkbox"/>
Withdrawal From Lessons/Activities	<input type="checkbox"/>	Educational Psychologist	<input type="checkbox"/>
Formal Counselling	<input type="checkbox"/>	Behaviour Support Service	<input type="checkbox"/>
Senior Staff Involvement	<input type="checkbox"/>	Youth Engagement Service	<input type="checkbox"/>
Warnings	<input type="checkbox"/>	ONE Point	<input type="checkbox"/>

Other agencies – please provide name and contact details

SECTION C: SIBLING LINK

Does your child have a sibling attending any of the preferred schools mentioned overleaf?

Sibling's Name:

Sibling's Date of Birth:

Name of School:

A sibling is defined as: brother, sister, half brother or sister, adopted brother or sister, stepbrother or sister, or the child of the parent/carer's partner and, in every case, the child must be living in the same family unit at the same address.

Do you have any other children or care for any children not of school age?

Child's Name:

Child's Date of Birth:

Nursery/Early Years setting attended:

SECTION D: NEW ARRIVALS FROM OVERSEAS

Please complete this section if your child has recently arrived from overseas.

If your child's current or previous school is outside the UK, we will need to see proof of your child's arrival in the UK, such as endorsed passport, entry visa or national identity card.

We will also need to see proof of your child's date of birth, for example, their passport, identity card or birth certificate.

Date of arrival in the United Kingdom:

Date of arrival in Co. Durham:

Is your child a refugee or asylum seeker?

Yes

No

Does your child speak English?

Yes

No

Is the child an unaccompanied asylum seeker?

Yes

No

If no, what is your child's first language?

Do you speak English?

Yes

No

Your ethnicity?

Your first language?

Do you speak/understand English?

Yes

No

Does your child have special educational needs or a disability? Yes No

If yes, please describe your child's needs below and attach any supporting information you have from any professionals involved with your child:

SECTION E: PARENT/CARER'S DETAILS

Title: Mr Mrs Miss Ms Other (please state)

Surname/Family Name:

First Name:

Relationship to Child Father Mother Step-Parent *Legal Guardian Young Carer *LA Foster-Carer *Private Foster Carer Other

*For the definition please see the Primary School Admission Guide on www.durham.gov.uk/schooladmissions.

If other, please state your relationship to the child:

Address: Post Code:

Home/Mobile Tel. No.

Email Address

Are all those with parental responsibility aware of, and in agreement with, this request? Yes No Please tick

If this question is not answered your request will not be processed. If you have ticked 'No' please state reasons e.g. domestic violence, court order and attach copies of supporting documentation.

Is your child looked after or previously looked after by a Local Authority (LA) in England and Wales but ceased to be so because they were adopted or became subject to a child arrangements order or special guardianship order, or adopted from state care outside England and Wales? Yes No Please tick

Please state the name of the LA that “looks after” or “looked after” your child.

Name of Social Worker:

Name of Key Worker:

Is the child subject to a Private Fostering Arrangement? Yes No Please tick

SECTION F: OTHER ADULT WITH PARENTAL RESPONSIBILITY FOR THE CHILD

You should only complete this section if the other adult **DOES NOT** live with you and the child.

Title:

Surname/Family Name:

First Name:

Relationship to Child

*For the definition please see the Primary School Admission Guide on www.durham.gov.uk/schooladmissions.

If other, please state their relationship to the child:

Address:
Post Code:

Home/Mobile Tel. No.

Email Address

You must sign the following declaration before progressing onto the next page

SECTION G: Data Protection and DECLARATION OF PARENT/CARER

We comply with all relevant statutory obligations with regard to personal information processed by us and this will be handled in accordance with our privacy statement which can be accessed at www.durham.gov.uk/dataprivacy By signing the declaration you

- confirm that you have parental responsibility for the child (or have care and control of the child), and in seeking a transfer of the child's school you have no knowledge of any opposition to this transfer from any other person who has parental responsibility for the child. If applicable, please inform us of the individual who opposes the transfer and supply their contact details in the box below.

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- understand that in order to process your child's transfer, this form will be sent to the schools you have listed as preferences as well as the school the child currently attends.
- will inform us immediately either by email to schooladmissions@durham.gov.uk or in writing to let us know of any change of address details after the submission of your child's application.
- understand that your child's school place can be withdrawn even if he/she has started at the school if the place was fraudulently obtained.
- understand that we will check the details you have provided on this application against Council Tax, Electoral Registration and other Council records to confirm that the child is resident at the address in Section 3.
- understand that we will check your data with other agencies, where it is necessary to do so and where the law allows.
- understand that if you have provided information that is incorrect or incomplete, you may be investigated, and action may be taken against you (including court action).

Signed:

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Please Print Name Clearly:

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Date:

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If yes, please state if **Early Help (EHA)** or **Full Single Assessment**, number and date the EHA was completed

EHA

Full Single Assessment

8. What strategies/measures/interventions have been implemented in respect of the child (tick all appropriate boxes):

Review/Planning Meetings	<input type="checkbox"/>	Detentions	<input type="checkbox"/>
Individual Review System	<input type="checkbox"/>	Alternative Curriculum at Key Stage 4	<input type="checkbox"/>
Modified Timetable	<input type="checkbox"/>	Disapplication of National Curriculum	<input type="checkbox"/>
Parental/Contact/Involvement	<input type="checkbox"/>	Use of Devolved Or Delegated Funding	<input type="checkbox"/>
Change of Form/Teaching Group	<input type="checkbox"/>	Appearance at Governing Body Meeting	<input type="checkbox"/>
Withdrawal From Lessons/Activities	<input type="checkbox"/>	On Report	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>	Other Internal Measures	<input type="checkbox"/>
Formal Counselling	<input type="checkbox"/>	EWS	<input type="checkbox"/>
Senior Staff Involvement	<input type="checkbox"/>	EPS	<input type="checkbox"/>
Warnings	<input type="checkbox"/>	Social Services	<input type="checkbox"/>
Isolation In School	<input type="checkbox"/>	Health	<input type="checkbox"/>
Fixed Term Exclusions	<input type="checkbox"/>	Youth Engagement Service	<input type="checkbox"/>
Internal Exclusions	<input type="checkbox"/>	ONE Point	<input type="checkbox"/>
Think Family	<input type="checkbox"/>		<input type="checkbox"/>

BSS Prevention (nature and duration)

 Primary

 Secondary

Other agencies – please provide name and contact details

9. Relevant information about the transfer request (Please ensure that you comment on all points below).

Relationships with staff:

Relationships with peers:

General behaviour and attitude:

Any CSE concerns:

Views on this transfer request:

Signed (On Behalf of Current School):

Print Name:

Date:

I, the Headteacher of _____ confirm that I have read the Section H completed by the above-named staff member and agree that questions have been answered as fully as possible, and that all information provided is accurate.




Signed:

Print Name:

Date:

Please ask us if you would like this document summarised in another language or format.

العربية (Arabic)	(中文 (繁體字)) (Chinese)	اردو (Urdu)
polSKI (Polish)	ਪੰਜਾਬੀ (Punjabi)	Español (Spanish)
বাংলা (Bengali)	हिन्दी (Hindi)	Deutsch (German)
Français (French)	Türkçe (Turkish)	Melayu (Malay)

 Braille
  Audio
  Large Print

If you wish to have a summary of this form translated, please contact 03000 265896.