**EDUCATION HISTORY FORM TO ACCOMPANY AN**



**APPLICATION FOR IN-YEAR TRANSFER TO**

**WORCESTERSHIRE SCHOOLS ONLY**

**(*NB.* *this form is not an application form*)**

**PLEASE ENSURE THAT THE CURRENT/MOST RECENT SCHOOL COMPLETES THIS FORM AND RETURNS THE INFORMATION TO YOU. IT WILL NEED TO BE UPLOADED WITH YOUR ON-LINE APPLICATION. IF THIS INFORMATION IS NOT COMPLETED AND UPLOADED WITH YOUR ON-LINE APPLICATION, IT WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION.**

**DO NOT USE THIS FORM IF YOUR CHILD HAS AN EDUCATION, HEALTH AND CARE PLAN (EHCP). YOU NEED TO GO BACK TO SEND SERVICES TO HAVE YOUR CHILD’S CARE PLAN AMENDED. THEIR CONTACT EMAIL ADDRESS IS** **SEN@WORCESTERSHIRE.GOV.UK**

(IF THE CHILD/YOUNG PERSON IS LOOKED AFTER BY THE LOCAL AUTHORITY AND THEIR EDUCATION IS NOT CURRENTLY BEING PROVIDED BY A SCHOOL SETTING, PLEASE CONTACT THE VIRTUAL SCHOOL WHO WILL SUPPORT YOU TO COMPLETE THE FORM)

**WHERE IT IS NOT POSSIBLE TO ALLOCATE A PLACE FOLLOWING THE IN-YEAR APPLICATION PROCESS, THE INFORMATION PROVIDED ON THIS FORM, WILL BE USED AS PART OF THE REFERRAL FOR ACTION UNDER THE FAIR ACCESS PROTOCOL.**

**For a full copy of our Privacy Notice that sets out how we store and use your data, please visit:**

[**www.worcestershire.gov.uk/privacy**](http://www.worcestershire.gov.uk/privacy)

**PLEASE COMPLETE IN FULL USING BLOCK CAPITALS and where necessary select a response.**

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| **Child’s Details** |
| **Name of Child** |
| Surname/Last Name |  |
| First/Middle Names |  |
| Gender | Male or female |
|  Date of Birth |  | DD/MM/YY |
| Current year group |  |  |
| 1st Preference School |  |
| 2nd Preference School |  |
| 3rd Preference School |  |

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| **For Completion by child’s current or most recent school** |
| Information completed on (date) |  |
| Information completed by (Name) |  |
| School / Provider Name |  |
| DfE Number |  |
| Name of Contact at School in relation to this application and role at the school |  |
| UPN for this child |  |
| Has Transfer request been discussed with parent? NB If NO Parent will be advised to arrange a meeting with you to discuss before this application can be processed. | Yes No  |
| Summary of Issues discussed with parent/carer |  |
| Is this child in receipt of any of the Pupil Premiums? | Yes No  |
| If YES, please specify the type |  |
| Is the school aware of any issues relating to Parental Responsibility that the Local Authority should be aware of? | Yes No  |
| If YES, please provide details |  |
| If English is not the child’s first language, please provide details of the level of English understanding. | NoneBasicIntermediateAdvanced |
| Does this child come from a Refugee or Asylum Seeker Family | Yes No  |
| **Other Agency Involvement Please provide details.** |
| Education Investigation/CME | Yes No  |
| Social Care | Yes No  |
| Is this child CIN or subject to a CPP | Yes No  |
| Education Psychologist | Yes No  |
| YOS | Yes No  |
| CAMHS | Yes No  |
| Early Help Assessment | Yes No  |
| Other Agency involvement | Yes No  |
| If YES, please provide details and attach any necessary information |  |
| **Other Relevant Information** |
| Are there any Safeguarding concerns that the new school needs to be aware of? | Yes No  |
| Are there any Attendance related difficulties? In all cases, please attach record of attendance for the last 3 terms. | Yes No  |
| If YES, please give details |  |
| Is this child still on the roll of your school | Yes No  |
| If NO which of the prescribed deletions under regulation 9 of the School Attendance (Pupil Registration) (England) Regulations 2024, did you use to remove them from roll? |  |
| Date removed from roll or date of last attendance if still on roll |  |
| **Exclusions** |
| Have there been any fixed term exclusions from your school in the last 12 months | Yes No  |
| If YES, please provide details |
| **Dates** | **Number of Days** |
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| **Permanent Exclusions** |
| Has this child been Permanently Excluded from this or a previous school | Yes  | No  |

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| If YES, please provide details |  |
| **Off-Site Direction**  |
| Has this child ever been subject to an off-site direction between schools? | Yes  | No  |
|  Name of Home School |  |
| Name of off-site destination School |  |
| Was the off-site direction successful | Yes  | No  |
| Reasons off-site direction was not successful |  |
| **Special Educational Needs and Disabilities** |
| Does this child have an Education and Health Care Plan? | Yes  | No  |
| Is this child currently undergoing Assessment towards a possible ECHP? | Yes  | No  |
| If YES, please provide details |  |
| Does this child have any disabilities or medical conditions? | Yes  | No  |
| If YES, please provide details |  |
| Has the school completed an Individual Health Care Plan? | Yes  | No  |
| **If YES, please attach copy** |
| Does the child receive any SEND Support? | Yes  | No  |
| If YES, please provide details |  |
| Has the school completed an Individual Education Plan? | Yes  | No  |
| **If YES, please attach copy** |
| If the child/young person is Looked After, please attach a copy of their most recent Personal Education Plan (PEP) |
| Has the school completed a Pastoral Support Plan? | Yes  | No  |
| **If YES, please attach copy** |

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| **Academic Information** |
| **Most recent examination/assessment results. Attach a copy showing data or a narrative** |
| **ENGLISH** | **MATHS** | **SCIENCE** |
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| Term taken i.e., Summer 2021 |  |
| **Academic Information for Key Stage 4 ONLY** |
| **For Year 9 (where applicable), Year 10 and Year 11 pupils, please list current options** |
| **Subject** | **Course Details** | **Exam Board** |
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