

In-Year Admission to Primary School

Part two

Information for Parents and Carers:

If you are transferring between schools in Bolton this part of the form must be completed by your child's current school or the school they last attended.

Information for the current or previous school:

Please complete this form as fully as possible, otherwise the form may be returned for more information which may delay the application.

Section 1 - School details

Name of school	
Contact name	
Designation	
Contact number	
Email address	

Section 2 - Child details

Surname		Forename(s)		
Date of birth		Male/female	Year group	
Date pupil started at this school?				
Is the child still attending this school?			Yes	No

Attendance

Please provide details of attendance over the past two terms:

Term	Dates	Attendance (%)	Authorised Absence (%)	Unauthorised Absence (%)

Section 3 - Additional information

This is required to help decide whether or not the Fair Access Protocol is applicable for this child.

Does the child have a Statement of Special Educational Needs?	Yes		No	
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Is the child Looked After by a local authority (often known as 'in care')	Yes		No	
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If yes, please state which local authority				
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Are there any other agencies/services (e.g. Early Intervention Service; Social Worker; Behaviour Support Worker; Child and Adolescent Mental Health Service; Education Psychologist) involved with the child? If so, please state below:

Agency	Contact name	Contact telephone number

Does the child come under any of the following categories? Please tick all that apply:

Parents who are UK Service Personnel/Crown Servants	<input type="checkbox"/>	Child from a traveller family	<input type="checkbox"/>
Asylum Seeker or Refugee	<input type="checkbox"/>	Not currently on a school roll	<input type="checkbox"/>
Been out of education for more than one term	<input type="checkbox"/>	Subject to a Child Protection Plan	<input type="checkbox"/>
Less than 85% attendance in last two terms	<input type="checkbox"/>	Permanently excluded	<input type="checkbox"/>
Disability or Medical Condition	<input type="checkbox"/>	History of behavioural issues	<input type="checkbox"/>
Living in a hostel/safe house or homeless	<input type="checkbox"/>	Returning from a Pupil Referral Unit	<input type="checkbox"/>
Previously electively home educated	<input type="checkbox"/>	None of the above	<input type="checkbox"/>
Child is a young carer	<input type="checkbox"/>		<input type="checkbox"/>

Has the transfer request been discussed with the parent/carer?	Yes		No	
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Who has met with/discussed the transfer with the parent/carer?

Headteacher <input type="checkbox"/>	Deputy Head <input type="checkbox"/>	Head of Year <input type="checkbox"/>	Class Teacher <input type="checkbox"/>	Other <input type="checkbox"/>
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Date of meeting	
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What attempts have been made by the school and the parent/carer to resolve any issues in Section 5 of the Part One of the application? Continue on a separate sheet if necessary.

Does the pupil present challenging behaviour? If so, please provide information on any incidents including fixed term exclusions, internal exclusions etc. Continue on a separate sheet if necessary.

Would you consider the transfer to be detrimental to the pupil in any way?

Signed		Date	
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Have you submitted any additional sheets with this form?

Yes

No

If yes, please state number of additional pages:

School stamp

Please complete this form and return it to the parent/carer within 5 days of receipt for them to return to the Admissions Team.

Thank you for your co-operation