



## CONFIDENTIAL

### In Year Transfer - Student Application Form

Please note that this application form *must be completed in full* and submitted with all relevant records about the student - directly to the school.

#### Section A

##### Student Details

Surname:	Date of Birth:	Year Group:
First Name (s) :	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:		Post Code:

##### Name (s) of Parent / Carer

Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Relationship:
Tel No:	eMail Address:
Name:	Relationship:
Tel No:	eMail Address:

##### Medical Information:

Please state below, any medical conditions that the school needs to be aware of to help care for the student.

1:	3:
2:	4:

##### Language Details:

Ethnicity:	First Language:
Does the student speak English: Yes <input type="checkbox"/> No <input type="checkbox"/>	Can the student read English: Yes <input type="checkbox"/> No <input type="checkbox"/>
Can the student write in English: Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Section A (Continued)

### Sibling Information:

If your child already has a brother or sister at the school, please give details below:

Name:

Year Group:

### Education History

Home Educated: Yes  No

Primary School:

Start Date:

End Date:

Current School:

Start Date:

End Date:

Previous School:

Start Date:

End Date:

Number of weeks out of education:

Have you ever been invited into school to discuss your child:

Yes  No

If YES, please give details:

### Parent / Carer Reason for this Application.

Please give your reasons for wanting this student to join The Radclyffe School.

**Please attach your child's latest report to this application**

Signature:

Print Name:

Date:

eMail:



## Section B - Information to Support the Application - to be completed by current school.

The questions below are for information purposes only. Please complete all sections fully and attach all relevant information to allow the application to be processed as effectively and efficiently as possible.

Name of your current school contact:

Tel No:

### Behaviour, Emotional or Social Difficulties:

Please comment on any difficulties the student may have in any of these areas including support already in place or recommended. Please include dates and reasons for any exclusions.

### Safeguarding Concerns

Please comment on any current or historical safeguarding issues the student may have including support already in place or recommended.

### Outside Agency Involvement:

Healthy Young Minds Yes  No

Prevent Yes  No

Social Care Yes  No

Other: Please State:

Please tick Yes or No and provide attachments where requested.

Is the student looked after or has been looked after previously.

Yes  No

Home Authority:  
Name of Social Worker:  
Please attach PEP

Is the student on a Child Protection Plan?

Yes  No

Name of Social Worker:

## Section B (Continued)

Is the student "Child in Need" status?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Social Worker:
Is the student on the SEN Register?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Undergoing statutory assessment? Yes <input type="checkbox"/> No <input type="checkbox"/> Priority 1 Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the student have any medical conditions, disabilities or EHC plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please attach details and include details of adjustments and / or interventions in school.
Has the student been internally excluded from school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates: Reason:
Has the student had any disciplinary placements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates: Reason:
Has the student had any fixed term exclusions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates: Reason:
Does the student have a Pastoral Support Plan or Individual Education Plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please attach.
Please give attendance figures for the last academic year and current year to date:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please attach attendance records

**Signatures must be completed by a senior member of staff.**

Authorised by:			
Full Name:		Parent / Carer Signature:	
Position:		Date:	
Signature:			
Date:			