

In Year Primary School

DIGITAL Transfer Form

**Guidance Notes**

If you wish to apply for a Bury Primary School, the application process is in two parts.

1. An Application Form which should be completed by the parent/carer; and
2. An Information Pack which should be completed by the head teacher of your child’s current school (with the exception of those families moving from a foreign country).

**Failure to ensure all sections of these forms are completed and all requested paperwork is provided, will result in the form being returned for completion which will delay the application.**

The completed Application form and Information pack should be returned to the school you wish to apply for.

If your child has an Education, Health and Care Plan (EHCP), this application must be directed to:

SEN Team

3 Knowsley Place

Duke Street

Bury Council

BL9 0EJ

Or via email to ehc@bury.gov.uk



**Things to consider**

Transferring schools mid-year can often be disruptive and detrimental to a child’s education and where possible we would recommend that your child remains at their current placement. Before taking the decision to transfer you child, please ensure you have done everything possible to try and resolve the situation; and considered the points below.

**Behaviour**  Changing school can sometimes help to improve a pupil’s behaviour but this is not always the case. There are many reasons for poor behaviour and it is important everybody works together in trying to address and resolve the difficulties. Consider how much support your child received at their present school and if moving might jeopardise that.

**Bullying**  All schools have anti-bullying policies and can often resolve issues if given chance. Before making the decision to transfer your child, which can in itself be disruptive, consider if school have been given the opportunity to rectify the situation.

**Disagreements** If your disagreement is with someone within the school, please allow them the opportunity to put things right.

**Uniform**  A change of school will mean a change of uniform for your child; there is no uniform grant to assist with costs available in Bury.

**Travel**  Consider how your child will travel to their new school and the disruption to your schedules and additional cost this may cause.

**Peer groups** If your transfer of school is due to the negative impact from peers, you should consider that there are also negative implications to transferring schools. It is often better to work with the current school to address matters before moving a child away from an established friendship group. Schools have excellent tools to resolve broken friendships and we would advise this is considered in the first instance.

**Application Form** 

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| Date received***:*** **Click here to enter text** |
| Child’s first name **Click here to enter text** |
| Child’s surname **Click here to enter text** |
| Child’s date of birth **Click here to enter text** MALE/FEMALE \* **please delete** |
| Child’s home address**Click here to enter text** |
| Length of time at this address?      Yrs       MonthsIf you are moving to the above address, what is your move date? **Click here to enter text**\*\* Please provide a copy of your rental/purchase agreement for your new address. |
| Preferred schoolsSchool 1 ? **Click here to enter text**School 2 ? **Click here to enter text**School 3 ? **Click here to enter text** |
| **Parent details:**Mr / Mrs / Ms / Other **Click here to enter text**First name **Click here to enter text** Surname **Click here to enter text**Tel number **Click here to enter text** Email address **Click here to enter text**Address if different from pupils address**Click here to enter text** |
| **Current/previous school**Name **Click here to enter text**Address **Click here to enter text**Tel No **Click here to enter text**Date last attended **Click here to enter text****Any other previous primary schools**Name **Click here to enter text**Address **Click here to enter text**Tel No **Click here to enter text**Date last attended **Click here to enter text** |
| Has your child been **permanently excluded** from any school? YES/NOIf yes – from which school> **Click here to enter text**When? **Click here to enter text**Reason for exclusion **Click here to enter text**Has your child had any **fixed term exclusions** from any school? YES/NOIf yes – from which school> **Click here to enter text**When? **Click here to enter text**Reason for exclusion **Click here to enter text** |
| Does your child have any **medical conditions or concerns** that could impact on their education?Please give details**Click here to enter text** |
| Does your child have an **EHCP**? **Click here to enter text**If yes, when was this put in place? **Click here to enter text**If yes, how many hours support does your child receive? **Click here to enter text** |
| Is your child **new to the United Kingdom**? YES/NOIf yes: Please indicate your child’s date of arrival **Click here to enter text**Does your child speak English? YES/NOWhat is your home language? **Click here to enter text**In what country did your child last attend school? **Click here to enter text**\*\* If the child is an asylum seeker, please provide **a copy** of their passport or home office papers for confirmation\*\* |
| Siblings:Name **Click here to enter text**  Date of Birth **Click here to enter text**  Year Group **Click here to enter text**Name **Click here to enter text**  Date of Birth **Click here to enter text**  Year Group **Click here to enter text**Name **Click here to enter text**  Date of Birth **Click here to enter text**  Year Group **Click here to enter text** |
| Is your child **Looked After by a Local Authority** (In Care)? YES/NOIf yes, please state which Local Authority **Click here to enter text**  **Please supply the last two PEPS and any relevant SEN Information** |
| Please indicate if any of the following agencies are now involved, or ever been involved with the family or child.Social Services YES/NO Dates to **Click here to enter text**  from **Click here to enter text**Educational psychology YES/NO Assessment done YES/NOYouth offending YES/NO Give detailsHealthy Young Minds (CAMHS) YES/NO Dates to **Click here to enter text**  from **Click here to enter text**  \_\_\_Other agencies YES/NO Give details |
| What **religion** is your child **Click here to enter text**  **Ethnic Origin** background, please tickWhite British \_\_\_\_\_ Pakistani \_\_\_\_\_White Irish \_\_\_\_\_ Bangladeshi \_\_\_\_\_White traveller or Irish Heritage \_\_\_\_\_ Other Asian background \_\_\_\_\_White gypsy/Roma \_\_\_\_\_ Black Caribbean \_\_\_\_\_Other White Background \_\_\_\_\_ Black African \_\_\_\_\_White & Black Caribbean \_\_\_\_\_ Other Black Background \_\_\_\_\_White & Black African \_\_\_\_\_ Chinese \_\_\_\_\_White & Asian \_\_\_\_\_ Arabic \_\_\_\_\_Other mixed Background \_\_\_\_\_ Other Ethnic Group \_\_\_\_\_Indian \_\_\_\_\_ Prefer not to say \_\_\_\_\_    |
| Please give your reasons for wanting to transfer primary schools**Click here to enter text**   |
| If your request to transfer primary school is down to unresolved issues at the current school, please give details of attempts made to resolve these issues.**Click here to enter text**   |
| Parent details:Mr / Mrs / Ms / Other **Click here to enter text**  First name **Click here to enter text**  Surname **Click here to enter text**  **Declaration: I declare that all the information I have provided is true. I accept that any place offered to my child may be withdrawn if I have used fraudulent or intentionally misleading information to gain the place.****Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Information Pack** Bury Council Logo |
| This form must be completed and signed by the head teacher in the school that your child currently attends/last attended. Once completed, it must be returned together with the application form by the school.**Parents/carers must not complete any part of the school information pack** |
| Student name **Click here to enter text**  Date of Birth **Click here to enter text**  School Year **Click here to enter text**  UPN **Click here to enter text**   |
| For school informationPlease answer all questions fully and indicate ‘not applicable’ where appropriate.Once the form has been completed and signed by the head teacher, please attached relevant documents.Exclusion record Attached \_\_\_\_\_ Not applicable \_\_\_\_\_EHCP Attached \_\_\_\_\_ Not applicable \_\_\_\_\_Latest school report Attached \_\_\_\_\_ Not applicable \_\_\_\_\_ |
| Were you aware of the reasons for this application to transfer primary school? YES/NOIf yes, please detail below along with details of any attempts made to resolve any issues**Click here to enter text**  SEN Status EHCP \_\_\_\_\_ K \_\_\_\_\_ None \_\_\_\_\_Date of last EHCP review **Click here to enter text**  Is there an EHFSP in place YES/NOIf yes, date commenced **Click here to enter text**  Date of next review **Click here to enter text**   |
| Is there any external service involvement, if yes, please provide named worker and detailsYouth offending YES/NO **Click here to enter text**  Educational Psychologist YES/NO **Click here to enter text**  Health Young Minds YES/NO **Click here to enter text**  Education Welfare YES/NO **Click here to enter text**  Alternative Provision YES/NO **Click here to enter text**  Is the family at Child in Need YES/NO Date of next review **Click here to enter text**  Is the family at Child Protection YES/NO Date of next core group **Click here to enter text**   |
| Current year’s attendance **Click here to enter text**  %Has there been any attendance intervention YES/NOIf yes, please give details**Click here to enter text**   |
| Has there been any behaviour intervention YES/NOIf yes, please give details**Click here to enter text**   |
| Please detail any exclusionsPermanent YES/NO Date **Click here to enter text**  Reason **Click here to enter text**  Fixed YES/NO Date **Click here to enter text**  Reason **Click here to enter text**   |
| THIS FORM MUST BE SIGNED BY THE HEAD TEACHER/AUTHORISED SIGNATORYSigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name **Click here to enter text**  Designation **Click here to enter text**  Date **Click here to enter text**   |