



# In Year Primary School 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 [senteam@bury.gov.uk](mailto:senteam@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 your 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



Date received:	
Child's first name	
Child's surname	
Child's date of birth	MALE/FEMALE * please delete
Child's home address	
Length of time at this address? _____ Yrs _____ Months	
If you are moving to the above address, what is your move date?	
** Please provide a copy of your rental/purchase agreement for your new address.	
Preferred schools	
School 1 _____	
School 2 _____	
School 3 _____	
Parent details:	
Mr / Mrs / Ms / Other _____	
First name _____	Surname _____
Tel number _____	Email address _____
Address if different from pupils address	
Current/previous school	
Name _____	
Address _____	

\_\_\_\_\_  
\_\_\_\_\_

Tel No \_\_\_\_\_

Date last attended \_\_\_\_\_

Any other previous primary schools

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tel No \_\_\_\_\_

Date last attended \_\_\_\_\_

Has your child been **permanently excluded** from any school? YES/NO

If yes – from which school> \_\_\_\_\_

When? \_\_\_\_\_

Reason for exclusion \_\_\_\_\_

Has your child had any **fixed term exclusions** from any school? YES/NO

If yes – from which school> \_\_\_\_\_

When? \_\_\_\_\_

Reason for exclusion \_\_\_\_\_

Does your child have any **medical conditions or concerns** that could impact on their education?  
Please give details

Does your child have an **EHCP**?

If yes, when was this put in place?

If yes, how many hours support does your child receive?

Is your child **new to the United Kingdom**? YES/NO

If yes:

Please indicate your child's date of arrival \_\_\_\_\_

Does your child speak English? YES/NO

What is your home language? \_\_\_\_\_

In what country did your child last attend school? \_\_\_\_\_

\*\* If the child is an asylum seeker, please provide **a copy** of their passport or home office papers confirmation\*\*

**Siblings:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year Group \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year Group \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year Group \_\_\_\_\_

Is your child **Looked After by a Local Authority** (In Care)? YES/NO

If yes, please state which Local Authority \_\_\_\_\_

Please supply the last two PEPS and any relevant SEN Information

Is your child subject to a **Child Arrangement Order or Special Guardianship Order** YES/NO

Is your child privately fostered? YES/NO

(Private fostering is when a child under the age of 16 is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer for 28 days or more).

Is there a social worker involved with your child/family? YES/NO

If yes, please give details : Name \_\_\_\_\_

Tel No \_\_\_\_\_ Mobile \_\_\_\_\_

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 \_\_\_\_\_ from \_\_\_\_\_

Educational psychology YES/NO Assessment done YES/NO

Youth offending YES/NO Give details

Healthy Young Minds (CAMHS) YES/NO Dates to \_\_\_\_\_ from \_\_\_\_\_

Other agencies YES/NO Give details

What **religion** is your child \_\_\_\_\_

**Ethnic Origin** background, please tick

White 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

Continue on a separate sheet if necessary

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.

Continue on a separate sheet if necessary

Parent details:

Mr / Mrs / Ms / Other \_\_\_\_\_

First name \_\_\_\_\_ Surname \_\_\_\_\_

**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



This form must be completed and signed by the head teacher in the school that your child currently attends/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 \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Year \_\_\_\_\_ UPN \_\_\_\_\_

For school information

Please 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/NO

If yes, please detail below along with details of any attempts made to resolve any issues

SEN Status                      EHCP \_\_\_\_\_                      K \_\_\_\_\_                      None \_\_\_\_\_

Date of last EHCP review \_\_\_\_\_

Is there an EHFSP in place    YES/NO

If yes, date commenced \_\_\_\_\_

Date of next review \_\_\_\_\_

Is there any external service involvement, if yes, please provide named worker and details

Youth offending                      YES/NO

Educational Psychologist                      YES/NO

Health Young Minds                      YES/NO

Education Welfare                      YES/NO

Alternative Provision                      YES/NO

Is the family at Child in Need    YES/NO    Date of next review \_\_\_\_\_

Is the family at Child Protection YES/NO    Date of next core group \_\_\_\_\_

Current year's attendance \_\_\_\_\_%

Has there been any attendance intervention    YES/NO

If yes, please give details

Has there been any behaviour intervention    YES/NO

If yes, please give details

Please detail any exclusions

Permanent	YES/NO	Date	Reason
-----------	--------	------	--------

Fixed	YES/NO	Date	Reason
-------	--------	------	--------

THIS FORM MUST BE SIGNED BY THE HEAD TEACHER/AUTHORISED SIGNATORY

Signed \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

School Stamp: