



In-year transfer – application form

Please note this application form **must** be completed in full and submitted with all relevant records about the pupil to E-Act Royton & Crompton Academy. The form must be completed by the pupil's current school before being submitted. Please email back to dawn.hesketh@rca.e-act.org.uk.
SECTION A (To be completed by the parent / guardian)

Pupil's details

First Name: _____ Date of birth: _____ Year Group _____

Last Name: _____ Male / Female: _____

Address: _____

Name (s) of parent / guardian

Name: _____ Relationship to pupil _____ Telephone number _____

Name: _____ Relationship to pupil _____ Telephone number _____

Current School

Name of current school: _____ Start date: _____ End date _____

Attending School: YES / NO Number of Secondary Schools attended: _____

Previous School Attended: _____

Length of time out of education (if applicable) _____

New Arrivals to the UK

Date of arrival in the UK: _____ Ethnicity _____

Country arrived from: _____ Status in the UK _____

Country of origin: _____ First language: _____

Does the child speak/read/write English? YES / NO

School attended: _____

Last date of attendance at school: _____

School Preferences (in priority order)

1.

2.

Parent's reason for transfer request

Please give all the details as to why you want your child to transfer schools.

SECTION B – Information to support the transition

(To be completed by the headteacher/main contact at the current or last attended school)

The questions below are for information purposes only and will be passed to the receiving school. Please complete all sections in full and attach all relevant information so that the transfer is processed as effectively and efficiently as possible.

Name of main current school contact: _____ Tel number: _____

Please circle Yes or No and provide attachments where requested

Is the pupil looked after or has been looked after previously?	Y/N	Home Authority: Name of Social Worker: Please attach PEP
Is the pupil on a Child Protection Plan?	Y/N	Name of Social Worker:
Is the pupil 'Child In Need Status'?	Y/N	Name of Social Worker:
Does the pupil have a statement of special educational needs?	Y/N	Primary Special Need:
Is the pupil on the SEN register?	Y/N	Undergoing Statutory Assessment School Action plus School Action
Does the pupil have any medical conditions or disabilities?	Y/N	If yes, please attach details and include details of adjustments and/or interventions in school
Has the pupil been permanently excluded from school?	Y/N	Name of PRU: Reason:
Has the pupil had any fixed-term suspensions?	Y/N	If yes, please attach details
Does this pupil have a Pastoral Support Plan or Individual Education Plan in place?	Y/N	If yes, please attach
Does this pupil have a CAF in place?	Y/N	If yes, please attach
Please give attendance for last academic year and current attendance figures		Please attach attendance records

Agency Involvement – Please Tick

Education Attendance Service	
AEN Service (QEST)	
Educational Psychologist	
CAMHS	
Youth Offending Team	
Social Care	
Health Authority	
Other Agency	

Signatures must be completed

Authorised by:
Full Name:
Position:
Signature:
Date:
Parent / carer signature:
Date:

