

Sefton T1 School Transfer Form

Application to Transfer to a Sefton School

It is important that you provide as much information as possible to assist in the admission process. Section A is to be completed by the parent/carer and Section B is to be completed by your child's current school.

Once Sections A and B have been completed, the form MUST be forwarded to Sefton Admissions Team by the **current school** via e-mail iyadmissions@sefton.gov.uk or if necessary, a paper copy posted to: School Admissions Team, Town Hall, Oriel Road, Bootle, Liverpool, L20 7AE

Applications will not be processed without Sections A and B fully completed.

Section A – to be completed by the parent/carer

Name of child: _____ Male Female (Please tick)

Child's date of birth: _____ Child's current school Year: _____

Home Address: _____

Post code: _____

Title: _____ Parent Forename: _____ Parent Surname: _____

Relationship to child: Please tick Mother Father Step Parent Foster Parent Social Worker
Other Please Specify _____

***We will primarily use your e-mail address for correspondence to you – please ensure you provide a clear, working e-mail address if you have one.**

Email address: _____ Tel No: _____

Child's current School: _____

Please state pupil's religion (if applying for a faith school): _____

Is the child currently receiving Free School Meals? Yes No

Does your child have an Education, Health and Care Plan Yes No

(Please refer to Guidance Notes – any application will be sent to the SEN & Inclusion Team)

Is the child 'Looked After' by a Local Authority? Yes No

If yes, name of Local Authority: _____

Is your child previously looked after but now adopted from care? Yes No

Is your child subject to a residential order or special guardianship order? Yes No

If yes, please give the name and contact details of their Social Worker: _____

Has your child been permanently excluded from any school? Yes No

If YES, please give details: _____



Please state your full reasons for the transfer request (continue on a separate sheet if necessary):

Sefton School Preferences:

Please note we will only process applications for Sefton Schools. If you want your child to transfer to a school outside of Sefton, please refer to the Guidance Notes.

Please name up to 3 **Sefton** schools. If you have more than one choice please state in order of preference.

I would like my child to transfer to:-

1. _____
2. _____
3. _____

Does this child have any siblings of school age?

Yes

No

If yes, name of sibling _____ Sibling DOB: _____

Name of school sibling is attending: _____

Have you previously attended an appeal hearing for any school named above? No Yes if yes, when? _____

Date new school place is required

DD / MM / YYYY

Data Protection and Parental Declaration

Sefton Council maintains an electronic database in respect of all pupils who apply for a school place within Sefton. All personal information provided on this form is treated in strict confidence in accordance with the requirements of the Data Protection Act 2018. We may verify information you have provided on this form by contacting other Council Departments who maintain appropriate records for Sefton residents. The data may be shared with the DfE, other Local Authorities and other appropriate agencies, for the purpose of the provision of services to your child. The application form will be held for 2 years and then destroyed securely. The application information held within the electronic database may be held for up to 7 years.

- I confirm that I have read the Guidance Notes and I understand the timescales involved and the information that is required by the Local Authority to process this application.
- I certify that I am the person with parental responsibility for the child named in Section A.
- I wish to apply for a place at each of the schools named above.
- I declare that to the best of my knowledge and belief, the information I have given on this form is correct and up to date. I agree to notify Sefton Council of any changes to this information.
- I agree that details of my child can be shared with schools in order to secure a school place.
- I understand that Sefton Council reserves the right to verify the information given on this form.
- I understand that any false or deliberately misleading information on this form and/or supporting documents may render this application invalid or lead to the offer of a school place being withdrawn

Signature of Parent/Carer

Date:

Please print name of parent/carer:

OPTIONAL CONSENT to share information on this form: Sefton Council & partner agencies can provide support to families. Please indicate that if appropriate, you agree that information provided by you can be shared with other services across Sefton who may contact you to offer support. Please refer to the Guidance Notes for further information.



This specific consent for sharing this information with other Council support services is not compulsory and the admission application will still be processed if you have signed the [data protection and parental declaration on page 2](#)

Parent/Carer consent to share information for the consideration of council support services (optional)

Signature of Parent/Carer		Date:	
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Once you have completed SECTION A of the application form we recommend that you meet with your child's current school to discuss any issues where you can request that SECTION B is completed by the school. If you do not wish to meet with the current school, please submit the form to your child's current school and ask them to complete SECTION B.

Headteachers may comment on a transfer request for a child to leave their school noting if there has been an irretrievable breakdown in relationships with either school staff and/or other children/parents noting where efforts to work with the parents have been made by the school to address any issues identified.

Please note that although we will ask the Headteacher of the child's current school for comments, parents/carers have the right to apply for a school transfer if they wish.

Your child's current school has **5 school days** after you submit the form to your child's current school to complete section B and forward the application to the Local Authority.

Section B – to be completed by the child's current school

Date form received from Parent/Carer:	
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Please note that you have **5 school days** to complete section B and forward sections A and B to: iyadmissions@sefton.gov.uk. You will receive an automated acknowledgement e-mail.

Section B1 - Attendance/Punctuality/Behaviour/Exclusions

Attendance	<input type="text"/>	%	Period Covered	<input type="text"/>	to	<input type="text"/>
Punctuality	<input type="text"/>	%				

EWS Involvement: Yes No

Please provide details of any involvement:

Please attach the child's **ATTENDANCE RECORD** **Incomplete forms will be returned.**

Does the pupil have persistent and on-going recorded instances of poor behaviour? Yes No

If yes, please attach the child's **BEHAVIOUR LOG** **Incomplete forms will be returned.**



Section B1 - continued

Relationships with Adults/Peers

Pupil Strengths

Barriers to Learning

Has the pupil been permanently excluded from any other school?

Yes No

If **Yes**, please name the school:

Is the pupil at risk of permanent exclusion where their behaviour is of ongoing concern to the professionals involved? Yes No

Fixed Term Internal or External Exclusions (Date)	Number of days	Reasons (please attach SIMS report)

Is the pupil using a Learning Support or Inclusion Unit, or any Alternative Provision commissioned by the school? (this does NOT apply to children with an EHCP) Yes No

If yes, please give details below:

Any Additional Comments?

Section B2 – Attainment data....

Please fill in the most recent test, i.e. either end of KS or non-statutory QCA, or teacher assessment.

FOR APPLICATIONS TO PRIMARY SCHOOLS – **MUST BE COMPLETED**

Standardised Test Scores		P SCALES	
Reading Accuracy		Date:	
Test used:	Date:		
Reading Comprehension		Interacting and working with others	
Test used:	Date:		
Spelling		Independent and organisation skills	
Test used:	Date:		
Maths		Attention	
Test used:	Date:		

FOR APPLICATIONS TO SECONDARY SCHOOLS – **MUST BE COMPLETED**

KEY STAGE 2 SCORES		
TEST USED:	Test Result	TA
English - Reading		
English - Writing		
English - SPAG		
Mathematics		
CATs (where applicable)	DATE:	
V		
Q		
NV		

PLEASE ATTACH THE MOST UP TO DATE SCHOOL REPORT SHOWING CURRENT AND TARGET LEVELS

Form will be returned if information is not attached



APPLICATIONS TO SECONDARY SCHOOLS *continued*

Courses being taken (Years 9 to 11 only) (e.g. Maths)	Current Target/Grade	Exam Board (e.g. AQA/Edexcel)

Section B3 – Interventions (to date)

ALL SCHOOLS MUST COMPLETE (or mark as not applicable), form will be returned if not completed.

School Based Interventions (to date) - if not applicable, please tick

What interventions have been implemented within school to support this child?

Please state type of intervention, dates and outcome and if supported from within school’s resources:

Intervention	Dates	Outcome	Schools Resources or High Needs	Intervention Continuing

Please tick if the pupil has:

An Early Help Plan Child in Need Plan A Child Protection Plan Any other Interventions

***(Please attach any relevant information/plans/minutes) ***

If **Yes**, please name the Social Worker/Lead Professional: _____

Is the pupil currently looked after? (if so, please state to which Authority)

Are there any Safeguarding concerns?

Yes No If yes, please provide details separately via e-mail; iyadmissions@sefton.gov.uk



Section B3 – *continued.*

Outside Agency Interventions (to date) – if not applicable, please tick

What interventions have been implemented **by external agencies** to support this child?

Agency	Date of Involvement	Advice Given (please provide any reports written)	Action taken/Outcome
SEPPS Educational Psychologist			
SAIS Inclusion Consultant			
Well YP			
YOT			
BRST			
Community Consultant Paediatrician			
CAMHS			
Speech & Language Therapy			
Occupational Therapy and/or Physiotherapy			
SENDIASS			
Other – Please specify			



Section B4 – Special Needs & Pupil Funding (including any external funding)

SEN Support (Please tick and attach plan)

EHCP (Please tick)

Does the pupil currently have any of the following plans? **If so, please attach most recent plan.**

Individual Education Plan / Personal Support Plan / Personal Education Plan (LAC)

Has **High Needs Funding** been requested? Or does the pupil currently receive any additional funding?
(Please give brief details below of application made & date of referral.)

Date of Referral	Brief Details of Application Made	Outcome (if known)

Have you met with the family to discuss the transfer request? Yes No

Are you able to support this transfer request? Yes No

If Yes, please circle 1 or 2 if they are applicable

1. There has been an irretrievable breakdown in relationships with staff and the school has made every effort to work with the parents to address the issues.

2. There has been an irretrievable breakdown in relationships with other children and the school has made every effort to work with the parents to address the issues.

Additional Comments/Information to Support Application

I can confirm that all relevant parts of Section B on this form have been completed, and I have attached all requested supplementary information including the **ATTENDANCE RECORD & BEHAVIOUR LOG** (if applicable). I understand that incomplete forms will be returned.

Signed: _____	Print: _____
Designation/Title: _____	Date: _____
Authorised by Headteacher: _____	Print: _____
School Name: _____	_____

Current School - Please now submit the application to Sefton In Year Admissions Team for processing (see page 1)

