



**APPLICATION FOR TRANSFER TO A SECONDARY SCHOOL
MAINTAINED BY STOCKPORT COUNCIL**

Telephone Contact: 0161 217 6022

Please Note:

- **The first priority is always to keep a child in their current school if possible**
- **Your child must continue to attend school while the transfer process is underway**

- a) Pages 1 and 2 of this form should be completed by the pupil's parent/guardian.
- b) Post or hand deliver the form to the school where your child is currently on roll.
- c) Your child's current school should complete page 3 of the form and arrange for it to be sent to your requested school.
- d) Following consideration of your request the Admissions Support & Advice Team will write to you and the schools concerned advising of the decision.

**PART 1
TO BE COMPLETED BY THE PARENT/CARER
(Please complete in block capitals)**

Pupil's Name:			
Date of Birth:			Religion:
Year Group:			
Parent or Carers Name:	Parent / Carer <i>(delete as appropriate)</i>		
Pupil's Present Address:			Postcode:
Telephone Number:	Day:	Evening:	Mobile:
Present School:			
School Requested:			

**PART 2
TO BE COMPLETED BY HEADTEACHER OF CURRENT SCHOOL**

Pupil's Name: _____

Unique Pupil Number: _____

Please indicate if any of the following agencies are involved:

- | | | |
|--------------------------------|-------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> EWS | <input type="checkbox"/> Social Care | <input type="checkbox"/> Youth Offending Team |
| <input type="checkbox"/> CAMHS | <input type="checkbox"/> Stockport Psychology Service | <input type="checkbox"/> Mosaic |
| <input type="checkbox"/> VST | <input type="checkbox"/> Pendlebury Centre | <input type="checkbox"/> LSS |
| <input type="checkbox"/> SBSS | | |

Other Agencies (please Specify) _____

SEN stage & reason (N if not on SEN register) _____

THE FOLLOWING INFORMATION SHOULD BE ATTACHED WITH THIS FORM

(please tick as appropriate)

- | | |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Attendance record (past 2 years) | <input type="checkbox"/> Key Stage/GCSE information (predictions and/or results) |
| <input type="checkbox"/> Exclusion record | <input type="checkbox"/> Option subjects and exam boards for KS4 students |
| <input type="checkbox"/> Behaviour summary | <input type="checkbox"/> SEN information (include IEP if in place) |
| <input type="checkbox"/> Latest academic report | <input type="checkbox"/> CAF (if in place) |
| <input type="checkbox"/> Summary of steps taken to avoid transfer | <input type="checkbox"/> Pastoral Support Plan (if in place) |

Is the pupil subject to the Child in Need Process? Yes No
 Is the pupil on the Child Protection Register? Yes No
 Is the pupil a Child in Care? Yes No - **If yes, name of Social Worker and LA:** _____

Additional information: (e.g. further information about exclusions, social issues, agency involvement)

Do you support the parent's request to transfer their child? Yes No
 Please comment (continue on a separate sheet, if necessary)

Headteacher's signature: _____ Date: _____

PLEASE POST THIS FORM 1st CLASS TO THE HEADTEACHER OF THE REQUESTED SCHOOL

