Services to People Corporate Director: Andrew Webb

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 (delete as appropriate)		
Pupil's Present Address:			Postcode:		
Telephone Number:	Day:	Evening:	Mobile:		
Present School:					
School Requested:					

Reason for Your Request: Please give your reasons for requesting a change of school. A letter may be attached to the form if you prefer.			
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What steps have y	you taken with your child's school to resolve the issues? ached to the form if you prefer.		
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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:			
☐ EWS ☐ CAMHS ☐ VST ☐ SBSS	 ☐ Social Care ☐ Stockport Psychology Service ☐ Pendlebury Centre ☐ Youth Offending Team ☐ Mosaic ☐ LSS 			
Other Agencies (please	e Specify)			
SEN stage & reason (N if	not on SEN register)			
THE FOLLOWING INFOR	RMATION SHOULD BE ATTACHED WITH THIS FORM			
Attendance record Exclusion record Behaviour summar Latest academic re Summary of steps transfer	Option subjects and exam boards for KS4 students SEN information (include IEP if in place) CAF (if in place)			
Is the pupil subject to the Child in Need Process? Is the pupil on the Child Protection Register? Is the pupil a Child in Care? Yes No Yes No 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? Please comment (continue on a separate sheet, if necessary)				
Headteacher's signature: _	Date:			
PLEASE POST THIS F	FORM 1st CLASS TO THE HEADTEACHER OF THE REQUESTED SCHOOL			

PART 3 TO BE COMPLETED BY THE HEADTEACHER OF SCHOOL REQUESTED Name of School requested: Admission Limit of relevant year group: Number of pupils on roll in relevant year group: Please indicate if you are willing to accept the pupil: Yes No If no, please comment: Headteacher's signature: _____ Date:__ NB: The following points must be adhered to in relation to all applications. They are drawn up in accordance with the statutory requirements of the School Admissions Code of Practice. Where the relevant year group is full the pupil cannot be admitted unless the request is agreed under the 'Fair Access Protocol' * and is counted towards the school's yearly quota of Fair Access admissions. Where a place is available within the admission limit of the relevant year group and the request is not considered to meet the criteria of the 'Fair Access Protocol' a place should be made available. Parents refused a place at their preferred school will have the right to appeal to an Independent Appeal Panel. The decision of the Panel is binding on all parties. * Full details of the Authority's 'Fair Access Protocol' can be obtained from the Council's website www.stockport.gov.uk PLEASE POST THIS FORM 1ST CLASS TO: ADMISSIONS SUPPORT & ADVICE TEAM, UPPER GROUND FLOOR, STOPFORD HOUSE, TOWN HALL, STOCKPORT SK1 3XE