

## Wigan Council Primary school transfer of school - Application form

## Part 1

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 part 2 of the application form.

## Parent/Carers must not complete this section

## For school to complete:

Once this form has been completed and signed by the head teacher, the parent/carer will submit the form to the School Organisation Team. The school must send the relevant documents listed below to the School Organisation Team at <a href="mailto:primaryinyeartransfers@wigan.gov.uk">primaryinyeartransfers@wigan.gov.uk</a>

Schools must also share this information with parent/carer on request.

- 1. Attendance information
- 2. Behaviour conduct log
- 3. Fixed term exclusion record
- 4. Educational Health and Care Place (if applicable)
- 5. Copy of last school report

Please answer all questions fully and indicate 'not applicable' where appropriate.

Name of Pupil:	NCY:	UPN:
Name of parents/carers (those with parental responsibility):		
Address:		
Telephone number:		
·		
Ethnicity:	Language spo	oken:
Current School and DfE Number:		



Special Educational Needs and Medical information		
Educational Health and Care Plan (EHCP) Status:		
Date of last EHCP meeting:	Date of last review:	
Are you aware of additional need in any of these applease indicate 'Yes' or 'No' and comment	areas?	
Hearing:		
Vision:		
Speech and language:		
Specific learning difficulties:		
Autistic Spectrum Disorder:		
Attention Deficit Hyperactivity Disorder:		
Other (please specify):		
Support Services Involvement Please indicate and give the contact name and dates	of intervention(s)	
• •	of intervention(s)	
Please indicate and give the contact name and dates		
Please indicate and give the contact name and dates  Targeted Education Support Service (TESS):		
Please indicate and give the contact name and dates  Targeted Education Support Service (TESS):  Child and Adolescent Mental Health Service (CAMHS)		
Please indicate and give the contact name and dates  Targeted Education Support Service (TESS):  Child and Adolescent Mental Health Service (CAMHS  Education Psychology Service (EPS):		
Please indicate and give the contact name and dates  Targeted Education Support Service (TESS):  Child and Adolescent Mental Health Service (CAMHS  Education Psychology Service (EPS):  Targeted Youth Support Service (TYSS):		
Please indicate and give the contact name and dates  Targeted Education Support Service (TESS):  Child and Adolescent Mental Health Service (CAMHS  Education Psychology Service (EPS):  Targeted Youth Support Service (TYSS):  Engagement Centre:		
Please indicate and give the contact name and dates Targeted Education Support Service (TESS):  Child and Adolescent Mental Health Service (CAMHS Education Psychology Service (EPS):  Targeted Youth Support Service (TYSS):  Engagement Centre:  Attendance Services:		
Please indicate and give the contact name and dates Targeted Education Support Service (TESS):  Child and Adolescent Mental Health Service (CAMHS Education Psychology Service (EPS):  Targeted Youth Support Service (TYSS):  Engagement Centre:  Attendance Services:  Start Well:	S):	
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Special Educational Needs and Disability Information Advice and Support Service (SENDIASS):		
Paediatrician:		
Alternative Provision:		
Wellbeing Centres – Early Years:		
Ethnic Minority & Traveller Achievement Service (EM	ITAS):	
Learning Profile		
Most recent progress data and any additional profilin	ıg:	
Behaviour Profile		
How does the child behave in school?		
Does the child exhibit any inappropriate behaviour in	school? If yes, please comment	
What Behaviour strategies has the schools used? (if	applicable)	
Has the child had any fixed term suspensions in the	last 12 months?	
Risk to self or others? (please attach risk assessmer	nt if appropriate)	
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Emotional/Social Profile Self esteem:		
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Ability to reflect on own behaviour:		
Communication/co-operation skills:		
This form must only be signed by the Head T	eacher	
A meeting with the parents/carers took place on:		
Are you aware of the parent's reasons for changing s	school? If so please explain below	
<u> </u>	YES / NO	
Signed: (Head Teacher)		
Head Teacher:		
School:	Date:	

