

EDUCATION HISTORY FORM TO ACCOMPANY AN APPLICATION FOR IN-YEAR TRANSFER TO WORCESTERSHIRE SCHOOLS ONLY

EHF

(NB. this form is not an application form)

PLEASE ENSURE THAT THE CURRENT/MOST RECENT SCHOOL COMPLETES THIS FORM AND RETURNS THE INFORMATION TO YOU. IT WILL NEED TO BE UPLOADED WITH YOUR ON-LINE APPLICATION. IF THIS INFORMATION IS NOT COMPLETED AND UPLOADED WITH YOUR ON-LINE APPLICATION, IT WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION.

DO NOT USE THIS FORM IF YOUR CHILD HAS AN EDUCATION, HEALTH AND CARE PLAN (EHCP). YOU NEED TO GO BACK TO SEND SERVICES TO HAVE YOUR CHILD'S CARE PLAN AMENDED. THEIR CONTACT EMAIL ADDRESS IS SEN@WORCSCHILDRENFIRST.ORG.UK

(IF THE CHILD/YOUNG PERSON IS LOOKED AFTER BY THE LOCAL AUTHORITY AND THEIR EDUCATION IS NOT CURRENTLY BEING PROVIDED BY A SCHOOL SETTING, PLEASE CONTACT THE VIRTUAL SCHOOL WHO WILL SUPPORT YOU TO COMPLETE THE FORM)

WHERE IT IS NOT POSSIBLE TO ALLOCATE A PLACE FOLLOWING THE IN-YEAR APPLICATION PROCESS, THE INFORMATION PROVIDED ON THIS FORM, WILL BE USED AS PART OF THE REFERRAL FOR ACTION UNDER THE FAIR ACCESS PROTOCOL.

For a full copy of our Privacy Notice that sets out how we store and use your data, please visit: www.worcestershire.gov.uk/privacy

PLEASE COMPLETE IN FULL USING BLOCK CAPITALS and where necessary select a response.

Child's Details

Name of Child	
Surname/Last Name	
First/Middle Names	
Gender	Male or female
Date of Birth	DD/MM/YY
Current year group	
1 st Preference School	
2 nd Preference School	
3 rd Preference School	

For Completion by child's current or most recent school

School / Provider Name	
DfE Number	
Name of Contact at School in relation to this application and role at the school	
UPN for this child	

Has Transfer request been discussed with parent? NB If NO Parent will be advised to arrange a meeting with you to discuss before this application can be processed.	Yes No
Summary of Issues discussed with parent/carer	
Is this child in receipt of any of the Pupil Premiums?	Yes No
If YES, please specify the type	
Is the school aware of any issues relating to Parental Responsibility that the Local Authority should be aware of?	Yes No
If YES, please provide details	
If English is not the child's first language, please provide details of the level of English understanding.	None Basic Intermediate Advanced
Does this child come from a Refugee or Asylum Seeker Family	Yes No
Other Agency Involvement Please provide details.	
Education Investigation/CME	Yes No
Social Care	Yes No
Is this child CIN or subject to a CPP	Yes No
Education Psychologist	Yes No
YOS	Yes No
CAMHS	Yes No
Early Help Assessment	Yes No
Other Agency involvement	Yes No
If YES, please provide details and attach any necessary information	
Other Relevant Information	
Are there any Safeguarding concerns that the new school needs to be aware of?	Yes No
Are there any Attendance related difficulties? In all cases, please attach record of attendance for the last 3 terms.	Yes No

If YES, please give details		
Is this child still on the roll of your school	Yes No	
If NO which of the prescribed deletions under regulation 8 of the Education (Pupil Registration) (England) Regulations 2006 as amended, did you use to remove them from roll?		
Date removed from roll or date of last attendance if still on roll		
Exclusions		
Have there been any fixed term exclusions from your school in the last 12 months	Yes No	
If YES, please provide details		
Dates	Number of Days	
Permanent Exclusions		
Has this child been Permanently Excluded from this or a previous school	Yes No	
If YES, please provide details		
Managed Moves		
Has this child ever been subject to a Managed Move between schools?	Yes No	
Name of Home School		
Name of Managed Move destination School		
Was the Managed Move Successful	Yes No	
Reasons Managed Move was not successful		
Special Educational Needs and Disabilities		
Does this child have an Education and Health Care Plan?	Yes No	
Is this child currently undergoing Assessment towards a possible ECHP?	Yes No	

If YES, please provide details		
Does this child have any disabilities or medical conditions?	Yes	No
If YES, please provide details		
Has the school completed an Individual Health Care Plan?	Yes	No
If YES, please attach copy		
Does the child receive any SEND Support?	Yes	No
If YES, please provide details		
Has the school completed an Individual Education Plan?	Yes	No
If YES, please attach copy		
If the child/young person is Looked After, please attach a copy of their most recent Personal Education Plan (PEP)		
Has the school completed a Pastoral Support Plan?	Yes	No
If YES, please attach copy		
Academic Information		
Most recent examination/assessment results. Attach a copy showing data or a narrative		
ENGLISH	MATHS	SCIENCE
Term taken i.e., Summer 2021		
Academic Information for Key Stage 4 ONLY		
For Year 9 (where applicable), Year 10 and Year 11 pupils, please list current options		
Subject	Course Details	Exam Board