



For office use only – Date Received:

In-year transfer – application form

Please note this application form must be completed in full and submitted with all relevant records about the pupil to Co-op Academy Failsworth, Brierley Avenue, Failsworth, Manchester, M35 9HA.

SECTION A – Pupil details (to be completed by the parent/carer)

Pupil's details

Pupil's surname: _____ Date of birth: _____ Year Group: _____

First name(s): _____ Male/Female: _____

Pupil's address: _____

Name(s) of parent/carer

Name: _____ Relationship to pupil: _____ Telephone number: _____ E-Mail: _____

Name: _____ Relationship to pupil: _____ Telephone number: _____ E-Mail: _____

Are you looking after someone else's child for more than 28 days and you are not a 'close relative' – (please let us know as this could be a private fostering arrangement that the local authority will need to know about) YES/NO

Current / previous school

Name of current school: _____ Start date: _____ End date: _____

Local Authority: _____ Attending YES/NO _____ On Roll YES/NO _____

Previous school attended: _____ Start date: _____ End date: _____

Number of primary schools attended: _____ Number of secondary schools attended: _____

Length of time out of education : _____ (weeks)

Home educated Yes/No

Sibling Information

If your child has a brother or sister at Co-op Academy Failsworth, please give details below.

Name of brother/sister: _____ Year group: _____

Parent's reason for transfer request

Please give all details as to why you want your child to transfer schools. (Please give as much information as possible)

SECTION B – Information to support the transition

(To be completed by the headteacher/main contact at the current or last attended school)

The questions below are for information purposes only and will be passed to the receiving school. Please complete all sections in full and attach all relevant information so that the transfer is processed as effectively and efficiently as possible.

Name of main current school contact: _____ Tel number: _____

Please circle Yes or No and provide attachments where requested

Is the pupil looked after or has been looked after previously?	Y/N	Home Authority: Name of Social Worker: Please attach PEP	
Is the pupil on a Child Protection Plan?	Y/N	Name of Social Worker:	
Is the pupil 'Child In Need Status'?	Y/N	Name of Social Worker:	
Does the pupil have a statement of special educational needs?	Y/N	Primary Special Need:	
Is the pupil on the SEN register?	Y/N	Undergoing Statutory Assessment School Action plus School Action	Y/N Y/N Y/N
Does the pupil have any medical conditions or disabilities?	Y/N	If yes, please attach details and include details of adjustments and/or interventions in school	
Has the pupil been permanently excluded from school?	Y/N	Name of PRU: Reason:	
Has the pupil had any fixed-term exclusions?	Y/N	If yes, please attach details	
Does this pupil have a Pastoral Support Plan or Individual Education Plan in place?	Y/N	If yes, please attach	
Does this pupil have a CAF in place?	Y/N	If yes, please attach	
Please give attendance for last academic year and current attendance figures		Please attach attendance records	

Agency Involvement – Please Tick

Education Attendance Service	
AEN Service (QEST)	
Educational Psychologist	
CAMHS	
Youth Offending Team	
Social Care	
Health Authority	
Other Agency	

Signatures must be completed

Authorised by:
Full Name:
Position:
Signature:
Date:
Parent / carer signature:
Date: