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). PLEASE CONTACT YOUR SEN COORDINATOR FOR ASSISTANCE.

(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	
1st Preference School	
2nd Preference School	
3rd Preference School	

For Completion by child's current or most recent school

Information completed on (date)	
Information completed by (Name)	
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 9 of the School Attendance (Pupil Registration) (England) Regulations 2024, did you use to remove them from roll?	
Date removed from roll or date of last attendance if still on roll	

Suspensions	
Have there been any fixed term suspensions 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	

Off-Site Direction	
Has this child ever been subject to an off-site direction between schools?	Yes No
Name of Home School	
Name of off-site destination School	
Was the off-site direction successful	Yes No
Reasons off-site direction 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**

PLEASE ENSURE THAT THE CURRENT/MOST RECENT SCHOOL COMPLETES THIS FORM AND RETURNS THE COMPLETED INFORMATION TO THE PARENT/CARER.