**In year transfer application – information to be provided by current/donor school**

**All boxes must be completed, if not relevant please enter N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Pupil | DOB | | Year  Group |
| Current School |  | | |
| Is the child looked after?  If so, to which Local Authority  Name and Contact Details of Social Worker | | Yes/No | |
| Is the Pupil on the Child Protection register or a Child In Need? | | Yes/No | |

|  |  |  |
| --- | --- | --- |
| **1** | Pupil has been permanently excluded.  School: Date: Reason: |  |
| **2** | Pupil has had a previous school move as a result of challenging behaviour (respite or managed move). Please give details of school/s and date/s: | Yes/No |
| **3** | Number of exclusion days in the current academic year | days |
| **4** | Pupil has a current Pastoral Support Programme or one that was active within the previous 6 months (please attach) | Yes/No |
| **5** | Pupil is in receipt of active one to one direct work that has been ongoing for at least 6 weeks from the Targeted Education Support Service (please attach any reports etc.) | Yes/No |
| **6** | Pupil has had provision in a Pupil Referral Unit / Alternative Provision Academy or as part of a custodial arrangement. If so when? | Yes/No |
| **7** | Pupil is on SEND Code of Practice or has a SEN statement or Education Health and Care Plan   1. If yes, please state current stage and code, i.e. MLD, SEMH, etc. and date of last review (annual or emergency) and outcome: 2. If no, please advise if the process has been started and where this is up to | Yes/No |
| **8** | Pupil has seen an Educational Psychologist or has an consultation / appointment to see an EP   1. If yes, please include the name of the EP and the date here 2. If not, has the pupil been raised in the planning meeting | Yes/No |
| **9** | Pupil has accessed or is accessing alternative provision to maintain their school place. Please provide the details. | Yes/No |
| **12** | Professional involvement – please list which services are involved i.e. Start Well, CAMHS, YOT, Restorative Solutions, DIVERT, MST, YIDAT, Barnados, Police etc. | Yes/No |
| Name of person completing form: ………………………………………………..  Designation: ……………………………………………………………………….  Date: ………………………………………………………………………. | | |

This form should be returned directly to the School Organisation Team –

Email – [schoolplaces@wigan.gov.uk](mailto:schoolplaces@wigan.gov.uk)

Should you have any queries please contact us on 01942 489013