This section must be completed and signed by the headteacher at your child's current or most recent school.														
ID: F	Pupil name:			Da	ite of birth	1:				Scho	ol year:			
Office use only														
PART B														
The information provided on this form is will be used to plan for and support the child's admission. All information provided will be verified, so please provide full and accurate information in order to avoid delays.														
8. Present o	r previo	us sch	ool detai	ls										
Dates of attendance	e at this scho	ol:			From:	Day		Mont	h	Ye	ar			
					To:	Day (Lea		Monts date b		Ye the chi		ll atter	nding)	
UPN number:														
Attendance														
Good Average	Poor	Attendar	nce (%):											
If attendance was p	oor, please g	jive the reas	on why.											
Period covered:				Was a	an attenda	ance a	and we	elfare off	icer in	volved?	Yes	٨	10	
Name of Attendance	e Officer:				Tel	:								
Special needs														
Statement/EHC Plan		No Scho	ool Support (S	S): Yes	No	Oth	her: Y	es	No					
Brief description of I	needs:													
Behaviour ass	a a a man													
Are there any possib			ing that this pu	upil should	d be trans	sferrec	d usinc	the Fai	r Acce	ss Prot	ocol (F/	AP)?		
Yes No	3		9					,			(,		
If 'Yes', please give	full details of	these groun	nds in the Con	nments bo	ox on pag	je 6 o\	verleaf	:						
Common Asse	essment	Framew	ork/Early I	Help As	ssessn	nent	(EH	A) (for	merly	/ know	n as C	CAF)		
Has an EHA been c			•	-			`	, ,	-		Yes		No No	
If 'Yes' then please of	give a brief s	ummary of t	he reasons for	r requestir	ng the EH	IA alor	ng with	the det	ails of	the Lea	ad Prac	titione	ər.	
Attainment (N on the child's			m Levels)	(KS1, I	KS2 an	ıd ar	ny co	mme	nts y	ou w	ish to	o ma	ake	
		,												

Other agencies involved (please tick). Please attach reports or provide details on an extra sheet.																				
Educational Psychologist Servi	ice	Youth Offending Service								CAMHS										
Behaviour Support team or PR	U	Chil	d and F	amily	Servi	ice			Social Care (see below)											
Education provided other than at school			Refugee and Traveller Service Looked-after team								er									
Support for Learning Service		LOO	neu-aile	er lear	11															
Social worker's name:																				
Phone number of authority:																				
Please add any other comments you think we may find helpful.																				
Other support provide	ed																			
Pastoral support plan (dates ar	nd comm	ents)																		
Number of days lost due to fixe	ed-term e	xclusion	in the I	last ac	ader	nic ye	ear:													
Total number of days lost due t	to fixed-te	erm exclu	usion w	hilst at	t sch	ool:														
Has this pupil been permanent									Yes No						0					
If yes, please provide reason(s) below:																			
Is this pupil at risk of a perman	ent exclu	sion?													Yes	N	0			
If yes, please provide reason(s) below:																				
Please add any other commen	ıts you thi	nk we m	ay find	helpfu	ul.															

To help this child move easily into their future school, please give full contact details below so the school or local authority can discuss the above with you, if necessary. Thank you for your help in completing this form.															
Name:															
Tel (including extension):															
Email:															
School name:															
Local authority number:	Department of education number:														
Your signature															
Date															
			S	school	stamp										
Important information – checklist for school															
Before returning this section to the parent please make sure you have done the following:															
Met with the family and discussed the reason(s) for transfer.										Yes	6	No			
Completed all relevant sections of this form.									Yes	3	No				
Added any comments which may be relevant such as any medical or social issues relating to the child or additional support the child has been receiving in school.										d or	Yes	6	No		

If the information provided is not sufficient we will need to contact you to discuss the reasons for transfer.