# **School Transfer Application Form**

Secondary and All Age - Academy 360 or Christ's College Please note that this application form **must not** be used for Biddick Academy

# To be used from September 2024

**child**ren

SUNDERLAND

It is important that you provide as much information as possible to assist in the admission process. Please note that your child is **not** guaranteed a place at any school (this includes your nearest school(s)). Sections A and B must be complete in order to apply for a school place. Section B is to be completed by your child's current school; **applications may not be considered by the transfer school without this information**.

Once Sections A and B have been completed, all parts of the form must be forwarded to the School Admissions Team, City Hall, Plater Way, Sunderland SR1 3AA

If you have any further queries, please contact 0191 561 1399 or 561 1447 or 561 1425 or Email: school.admissions@sunderland.gov.uk

# Section A - to be completed by the parent/carer

Sunderland

**City Counci** 

Nam	e of child:			male	e/female (delete	e as appropriate)
Date of birth:			Current so	chool year	group:	
Addr	ess:					
Nam	e of parent/care	er:		Relations	nip to child:	
Tel N	lo:		Email address:			
Curr	ent/previous scł	nool:				
Loca	I Authority wher	e this school is	located:			
	ious schools (ple they are in):	ease list by date	all schools previ	iously atte	nded and the lo	ocal authority
[	Date	School			Local Authorit	zy area
1.						
2.						
3.						
4.						
C.					to	oge <b>the</b> r for

Pu	pil's religion (if applying for a RC aided school):				
Do	es your child have an Education, Health and Care (EHC) plan?	YES	NO		
ls t	he child 'cared for' or 'looked after' by a Local Authority?	YES	NO		
lf y	es, name of Local Authority:				
or s	ou child previously 'cared for' or 'looked after' but now adopted subject to a Child Arrangements Order, Residential Order or ecial Guardianship Order, immediately after being 'cared for' or oked after'?	YES	NO		
Ple	ase give the name of their Social Worker:				
	es your child live with someone other than yourself or another nily member?	YES	NO		
lf s	o please state relationship with this person:				
Ho	w long has this arrangement been in place?				
На	s your child been permanently excluded from any school?	YES	NO		
lf Y	ES, please give details:				
	ase state your full reasons for the transfer request (continue on a sepa cessary):				
 Do	es this child have any siblings of school age?				
	e notes for definition of sibling)	YES	NO		
lf y	es, name of child: DOB:				
Na	me of school attending:				
	ase list the school(s) that you would like to apply for (If you have more ase state in order of preference):	than one cho	oice		
1					
2.					
3.					
Wh	en would you like your child to start this school?				
Sig	nature of parent/carer: Date	9:			
co	FORE SUBMITTING YOUR APPLICATION FORM YOU MUST ASK YOUR C MPLETE SECTION B. Please note that parents/carers have the right to nsfer.				
	adteachers may not support applications for children to leave their sc ceptional circumstances e.g.:	hools unless t	here are:		
•	The child has moved house and the journey to school is no longer mo	Inageable			
•	There has been an irretrievable breakdown in relationships with staff and parents have made every effort to work with the school to address the issue				

• There has been an irretrievable breakdown in relationships with other children and parents have made every effort to work with the school to address the issue

### **Please note**

- 1. Your child's current school has 5 working days to complete section B and forward sections A and B to the School that you would like your child to attend.
- 2. The school or Local Authority reserves the right to seek proof of address and withdraw an offer of a place, if any inaccurate information or address is given on the application.
- 3. The transfer school will need to see a copy of your child's birth certificate/passport before admission. This is for safeguarding purposes, in order to verify your child's identity.
- 4. If you are applying for a place at a Roman Catholic school, you may be required to provide a copy of your child's Baptism certificate in order to consider the application against the school's admission criteria.
- 5. If your child is not currently attending a school in Sunderland, you may be required to provide proof that they are 'cared for' or 'looked after'.

## Section B - to be completed by current school

Date received from parent:

# Please note that you have 5 working days to complete section B and forward sections A and B to the first school named by the parent/carer in Section A

	SEN support	Statutory Needs Assessment in progress	EHC Plan	English as a second language	None of previous applicable	
Please tick where appropriate*						
* For the sections ticker on an additional sheet	d, please s	upply copies of repor	ts or pro	ovide relevant co	omments/info	
Please provide percentage attendance for:   Last school year:% Current school year:%   Is the child currently attending schoolYES NO   Comments: Comments:						
Has there been education welfare/social work/inclusion & attendance involvement?    YES NO   Comments: Image: Comment in the second seco						

Has there been support service involvement?   YES NO (i.e. behaviour intervention team, educational psychologist, Early Help, etc)
Details:
Has there been involvement from other agencies?
Comments:

# Sibling details (currently attending your school)

Name	Year Group	Comments

# Details of qualifications being taken or key stage level achieved:

Courses being taken (e.g. Maths)	Qualification type (e.g. GCSE or KS level)	Exam board (e.g. AQA/Edexcel)

# Details of any suspensions:

Is the student at risk of permanent exclusion?

YES NO

# Are there any issues that might be of concern to a receiving school?

YES NO

Any other information or comments (submit extra information separately if necessary):

Are you able to support this transfer request?	
YES NO	
Signed:	Print:
Designation/title:	Date:
Authorised by Headteacher:	Print:
Name of School:	

# Section C – for completion by the requested school

### Name of child:

Year group:

#### Name of school:

We have vacancies in this year group?

YES NO

If the year group is oversubscribed, please indicate below the current number of children that are in all year groups, in the event parent/carer submits an appeal.

	Current numbers	PAN			Current numbers	PAN
Reception				Year 3		
Year 1				Year 4		
Year 2				Year 5		
			4	Year 6		

	Current numbers	PAN
Year 7		
Year 8		
Year 9		
Year 10		
Year 11		

Parent/carer must be notified in writing within 15 school days of receipt of the application, if it is not possible to offer a place.

A copy of the application form must only be forwarded to the School Admissions Team if the year group is full.

## Decision of school:

Please select one of the options below by circling the number and adding comments where appropriate.

- 1. There are places in the year group and we **accept** the transfer. Date of admission agreed as: A copy of Section C must be returned to the child's current/previous school.
- 2. This application meets the agreed criteria within the managed move protocol and I will contact the Headteacher of the current school to discuss this further. Please note this is only possible where the current school is a Sunderland school. Please note that this transfer request still needs to be processed even if a managed move has been agreed. A copy of the completed application form must be emailed to shelley.robson@ togetherforchildren.org.uk
- 3. We have places in the year group but wish this to be considered under the fair access protocol. This only applies if the pupil meets the agreed criteria. Please note that an IYFA referral form must be completed and emailed to school.admissions@sunderland.gov.uk and IYFA@togetherforchildren.org.uk

Any queries about IYFA, please contact IYFA@togetherforchildren.org.uk

### Have you met with the family?

YES NO

### Comment:

Signed:	Print:
Title:	Date:
Name of School:	

