

Pupil Admissions Contact Details

Pupil Admissions, Floor 5, West Wing, Moorfoot S1 4PL

Tel: 0114 273 5790 or 273 5766

Email: ed-admissions@sheffield.gov.uk

Website: www.sheffield.gov.uk/pupiladmissions

Application form for pupils requesting a transfer from one Sheffield school to another Sheffield school.

The completed form should be returned to Pupil Admissions at the address shown above.

For office use only StudID:

Section 1 Your Child's Details

First name(s)

Last name

Date of Birth

Date Month Year

Year Group

Gender

Is your child Looked After or has been previously Looked After?

Yes

If Yes, under which Authority

The address at which your Child normally lives

Addresses are routinely checked and places may be withdrawn if a false address has been given

House no. and street

Area

Town

Postcode

If you are intending to move house in the near future please give details. E.g. when and where to.

New Address

Post Code

Date of move

Your child's present school

School

Start Date



Have you discussed this transfer request with someone at your current School?

Yes No

Name of person spoken to:

Role at the School:

Which school would you like your child to attend?

Preferences

Write the names of your preferred schools in ranked order in the boxes provided. Give reasons for requesting a transfer and your school preferences

For office use only CM sib O

1st Preferred School

Reasons for transfer/preference

Name of any sibling attending or applying to this school

Date of Birth

Year Group

For office use only CM sib O

2nd Preferred School

Reasons for transfer/preference

Name of any sibling attending or applying to this school

Date of Birth

Year Group

For office use only CM sib O

3rd Preferred School

Reasons for transfer/preference

Name of any sibling attending or applying to this school

Date of Birth

Year Group

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ADDITIONAL INFORMATION

Please tick the following boxes if your child:

- has been out of education for longer than one school term
- has a history of serious attendance problems
- has been out of school since you moved to the area because of a shortage of places
- has been withdrawn from school by you, following fixed term exclusions and is now out of school
- is a carer
- has a EHCP or statement of Special Educational Needs
- is an Asylum Seeker/Refugee
- is a traveller
- is known to the criminal justice system
- is known to the police or other agencies
- is homeless
- is a child of UK service personnel or other crown servants

Does your child currently receive any significant medical, social, behavioural, physical or mobility support, please give details below.

Are any of the following agencies involved with your child? If so please tick the relevant box(es) and give name of person involved if known.

Educational Psychology Service
 Name; (if known).....

Family Support
 Name; (if known).....

Social Services
 Name; (if known).....

Multi-Agency Support Team
 Name; (if known).....

Child and Adult Mental Health Service
 Name; (if known).....

Other
 Name; (if known).....

Youth Offending Service
 Name; (if known).....

Please give details of your child's previous 3 schools (if applicable)

Name of School	
Date of Entry	Date of Leaving
Reason for leaving	

Name of School	
Date of Entry	Date of Leaving
Reason for leaving	

Name of School	
Date of Entry	Date of Leaving
Reason for leaving	

YOUR DETAILS

Your name	Mr/Mrs/Ms/ Miss/Other	First name(s)	Last name	D.O.B.
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Tick one box	Mother	Father	Carer	Other - please specify
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Your address

(only to be completed if your address is different from your child's)

House no. and street

Area

Town

Postcode

Telephone Numbers

Daytime

Evening

Mobile

Email address

Is there anyone who shares parental responsibility for this child?

Name:-

Relationship to child:-

Contact number:-

Please confirm that you have discussed this transfer with them and have their agreement, by signing below. We will not be able to process applications where there is a disagreement between parents/carers

Signature:

Is English the first language spoken in your home?

Yes No

Please give details of any other language(s) spoken

If you have named a Catholic, Church of England and/or Emmaus School(s) as one of your preferences, please complete Section 3a and/or 3b (as appropriate) of this form.

Declaration

I declare that all the information I have given on this form is correct and true. Also, I have parental responsibility for the child named and consent to educational records being shared between schools.

Signed
(parent)

Print full name
(parent)

Date

Date

Month

Year

Please note: If your child is offered a place at a school on the basis of false or intentionally misleading information provided by you, the offer of the school place will be withdrawn. Information captured on this form and accompanying documents will be used by Admissions when processing your application, and could be shared with other agencies and schools as required.

Section 2

TO BE COMPLETED BY THE CURRENT SHEFFIELD SCHOOL AND MUST BE SIGNED BY THE HEADTEACHER. IF THIS SECTION IS NOT COMPLETED, IT WILL BE RETURNED TO THE SCHOOL TO COMPLETE. A COPY OF THIS FORM WILL BE SENT TO THE PREFERRED SCHOOL(S). FAILURE TO COMPLETE THIS SECTION WILL DELAY THE APPLICATION.

Does the pupil have a Child Protection Plan? Yes No

(If yes please provide name of person to contact to discuss plan)

Attendance and Punctuality – Please give details of the current level of attendance

Behaviour information

(Primary Schools only) please describe any behaviour concerns, has child been discussed at P.I.P.?

	Behaviour Points	Main Behaviour Types
Year 7		
Year 8		
Year 9		
Year 10		
Year 11		

Special Educational Needs - Does the pupil have an Education Health Care Plan? If yes, please give details of needs and support provided. Also, please indicate if an assessment for an EHCP in process. Please also include details of special needs if the child does not have an EHCP e.g. code.

Exclusion Information

Fixed term exclusions

Date	School Year	Reason for Exclusion	No. of Days Excluded

Permanent exclusions

Date	School Year	Reason for Exclusion

Has your child ever been internally excluded / secluded within an internal behaviour unit?

Yes No

If Yes, please provide reasons

Support strategies in place in school and previously tried. Please give details including Pastoral Support Programme/I.E.P. Graduated response form (MYPLAN), P.E.P.

Courses followed including options and any off-site learning include details of any test/exams already taken and results (secondary schools only)

Current Levels of Performance e.g Assessment Data

Are any of the following agencies involved with this child? If so please tick the relevant box(es) and give name of person involved if known.

Educational Psychology Service

Name; (if known).....

Family Support

Name; (if known).....

Social Services

Name; (if known).....

Multi-Agency Support Team

Name; (if known).....

Child and Adult Mental Health Service

Name; (if known).....

Other

Name; (if known).....

Youth Offending Service

Name; (if known).....

Have you considered a Managed Move? Yes No

Comments

Does the school support the request to transfer? Yes No

Comments

Name and Position of school representative that met with parent.

Date	Month	Year
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Signature of Headteacher

Stamp of current school

Section 3a

Diocese of Hallam Schools' Department
Application for a place in a Catholic School
within the Diocese of Hallam

Additional Information to make an application for a Catholic school

Please write clearly in block capitals, ensure that you have completed all the relevant parts of the form.

Full Name of Child..... Date of Birth

Please tick one box from those below to indicate your child's faith or religion

Catholic

Other Christian Please state

Other Faith Please state

Present Parish / Place of Worship (if applicable)

.....

Signed Date:

- If your child is a Roman Catholic please attach a photocopy of the Baptismal Certificate.
- If your child worships in another Christian Church or World Faith please enclose a copy of the baptismal certificate (if applicable) and ask your minister or Religious Leader to complete the reference.
- If your child does not attend any place of worship, but you wish that they should receive a Christian education please attach a reference to support this wish (see below).

Minister / Religious Leader's Reference (please state how you know the child and how frequently they worship within your community)

Is this child a regular worshipping member of your church? Yes No

At the time of this application is your Church a full member of Churches Together in England (as defined at www.churches-together.org.uk)? Yes No

Name of Minister Tel No:

Signed Date:

Thank you for your help

Section 3b

The Church of England Diocese of Sheffield

Additional information to make an application for a Church of England Aided School

PLEASE COMPLETE IN BLOCK CAPITALS

Name of Pupil for whom application is made:

1. Is the application for your local school? Yes No

2a. Are you a member of a Christian Denomination/World Faith? Yes No

2b. If yes please name the Christian Denomination/ World Faith.

.....

3. If appropriate Please name your present parish/place of worship:

.....

Only for those applying for a school place at a Church of England School, please answer this question.

Has your child been Baptised? Yes No

4. Is this application made because you want a Christian education for your child? (Because you want your child to be educated within a Church of England School?) Yes No

5a Is this application being made because of a regular pattern of worship by parents/carers as defined in the school's admission policy? Yes No

5b If **yes** please complete the Minister's Referral Form over-page and then ask your minister of religion to countersign it. Yes No

Full Name and signature of person(s) completing this form:

Name Signature.....

Minister of Religion Referral Form

Name of child:

Name(s) of parent/carer

Address of parent/carer

.....

In determining faith admission applications priority is given to:-

those children whose parents/carers can prove a long standing and regular pattern of worship at any public place of worship as defined in the school’s admission policy.

The parents/carers are asked to complete the details below at Section 1 and then ask their minister of religion to countersign the form at Section 2.

Section 1

a) We the parent/carer(s) of
have worshipped at least (insert frequency eg weekly, twice a month etc)
for the last (insert length of time eg five years, nine months etc).
If recently moved, please also give details of the previous place of worship

Signed (parent/carer) Date:.....

Section 2

Countersigned by minister of religion

I can confirm that the above information is correct

Date:

Name of minister of religion:.....

Tel. Number:.....

Address:.....

.....

Any other comments.....

Sheffield City Council
Admissions Team
www.sheffield.gov.uk/pupiladmissions



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