

<i>For Office Use Only</i>	
Accepted:	Start Date:
Declined:	
Appeal: <input checked="" type="checkbox"/>	Date of Appeal:
Yes <input type="checkbox"/> No <input type="checkbox"/>	

<i>For Office Use Only:</i>				
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## SCHOOL TRANSFER APPLICATION FORM

### PART ONE – FOR PARENTS

This form should be used for requesting admission to Tollbar Business, Enterprise & Humanities College

#### Completion notes – Please read this form carefully

Please complete **PART ONE** and **PART TWO** for all transfers. Then return the whole form to: Mrs J C Hornby, Vice Principal at Tollbar Business, Enterprise & Humanities College, Station Road, New Waltham, Grimsby. DN36 4RZ.

Please complete the first half of this form and then give the whole form to your child's current school for them to complete the second half.

#### Do you need help completing the form?

If so please contact Mrs J C Hornby on (01472) 500505

#### Personal details

Child's Name:				
Any other names Used:				
Date of birth:	Year	Yr 7 <input type="checkbox"/>	Yr 8 <input type="checkbox"/>	Yr 9 <input type="checkbox"/>
	Group:	Yr 10 <input type="checkbox"/>	Yr 11 <input type="checkbox"/>	
Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	(please tick ✓)		
Is this child in public care? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick ✓)				
Your Name: .....				
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (Please tick ✓)				
Are you the child's Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Social Worker <input type="checkbox"/> Carer <input type="checkbox"/> (Please tick ✓)				
Home Address:				
Tel No. Day:		Tel No Evening:		
Mobile Number:				
Email Address:				



If your child is experiencing problems, what have you done to solve them?	
• Have you met with the head teacher?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date
• Have you met with the deputy head teacher?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date
• Have you met with the child's head of year?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date
• Have you met with the child's form teacher?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date
• If there has been a bullying issue, have you seen the school's anti-bullying policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date
• Have you had any involvement with the Education Welfare Service?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date
• Have you contacted any other agency to help you? If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date

What other steps have you taken to sort out any particular problems at your current school?

**If the relevant sections have not been completed or if information is incomplete, the form will be returned to you and this could delay your child's transfer. Therefore, please ensure you complete the form in as much detail as possible.**

I agree that the information provided is correct. I agree that this form may be shared with all relevant agencies.

**Note:** Where more than one person shares parental responsibility for a child, those persons should consult and agree. Only one form should be returned for any child.

<b>Name:</b>		
<b>Signature:</b>		Parent/Guardian/Social Worker/Carer* *Delete as appropriate
<b>Date:</b>		

### What do I do next?

Give the whole form to your child's current school. They will complete the second half of this form and then return it back to you. At this stage you may decide that a transfer is no longer appropriate. However, should you wish to proceed with the transfer you should then send the whole form to: **Mrs J C Hornby at Tollbar Business, Enterprise & Humanities College, Station Road, New Waltham, Grimsby. DN36 4RZ.**



# SCHOOL TRANSFER APPLICATION FORM

## PART TWO – FOR CHILD'S CURRENT SCHOOL

This form should be used for requesting admission to Tollbar Business, Enterprise & Humanities College

School details	
Name of School:	
Contact Name (for Admissions team)	
Is the child in public care? (name of nominated teacher)	
Student's UPN:	

Information about the child:	
If the child has been having any difficulties in school, please summarise below:	
Have attempts been made to resolve these difficulties in the school? If so, with what result?	
Has the transfer request been discussed with the school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the school support the parent's request for transfer? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give reasons:	
Would a transfer be detrimental to the child in any way? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give reasons:	

### Attendance:

What is the child's record of attendance in the previous 12 months, authorised, unauthorised? Please attach a print out of attendance or complete section accordingly:	Total Possible (Days)	Authorised (Days)	Unauthorised (Days)
Would you consider there are any attendance related difficulties? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please give possible reasons for this:			

Does he/she have a statement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
What stage of SEN code of practice is he/she on?	School Action <input type="checkbox"/>	School Action Plus <input type="checkbox"/>	Under Assessment <input type="checkbox"/>	

### Exclusions:

Has the child been excluded on fixed-term basis from your school during the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details below or attach sheets:

Are you aware of any exclusions from previous schools?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
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If yes, please give details:

### Key Stage 2 Results:

English		Mathematics		Science	
Raw Score:	Level:	Raw Score:	Level:	Raw Score:	Level:

### Other Information:

If you have any further information to offer or differing information to that given on the attached form, please give details/attach sheets:

### Other Agencies:

Have relevant agencies been involved, or school based initiatives been tried?

<input type="checkbox"/> EWS	<input type="checkbox"/> YOT	<input type="checkbox"/> Phoenix House	<input type="checkbox"/> Outreach
<input type="checkbox"/> Pupil Inclusion Team	<input type="checkbox"/> Ed' Psychologists	<input type="checkbox"/> Schools' behaviour unit	<input type="checkbox"/> ISRT
<input type="checkbox"/> Youth Counselling	<input type="checkbox"/> Alternative curriculum	<input type="checkbox"/> Other	

Other continued:

<b>Name:</b>		<b>Designation:</b>	
<b>Signature:</b>		<b>Date:</b>	
<b>SCHOOL STAMP</b>	<b>This form must be returned to the parent/guardian/social worker for them to forward to the Admissions Section.</b>		
	It is the Parent/Guardian/Social Worker's responsibility to send the completed form to: Mrs J C Hornby, Tollbar Business, Enterprise & Humanities College, Station Road, New Waltham, Grimsby DN36 4RZ.		