

People Directorate Education, Early Start and Prevention School Admissions

Head of Service: Nina Sleight

Enquiries to: School Admissions

Direct Dial: 01226 773677 / 773588 / 773502 /

773670 / 773689

E-Mail: admissions@barnsley.gov.uk

Dear Sir/Madam

TRANSFER OF PRIMARY OR SECONDARY SCHOOL

You are advised that to transfer your child during a term can be very disruptive and should be avoided wherever possible. This is especially the case for a Year 10 or 11 transfer, as it could be difficult for the new school to match the options your child has been following at their existing school. If a transfer is being sought because of problems at your child's existing school then you should contact the school to discuss ways of resolving the situation.

The Common Transfer Form should be completed by you and the Headteacher of your child's current school. Return the completed form to the address quoted on the transfer form or admissions@barnsley.gov.uk.

Parents will normally be informed of the outcome of their preferences within three school weeks. Please note that at busy times, the processing may take longer than three schools weeks.

You can express a preference for up to 3 schools in Barnsley which must be placed in rank order.

The single offer of a school place will be made for the highest ranked school at which your child is eligible for a place. If your child is not eligible for any of the preferences named on the form you will be allocated a place at the nearest community or voluntary controlled school with places available to your ordinary place of residence.

If you are not offered a place at a school named on your Common Transfer Form you will have the right to refer your case to an independent appeal panel.

Please note:

- If Section Seven of the form has not been completed and signed by the Headteacher of your child's current school, the form will be returned to you it will not be processed until all sections are completed.
- The legal requirement is that your child must continue to attend their current school.
- You may be invited to visit the preferred school for a joint meeting to discuss your child's application. You are strongly advised to arrange the meeting as soon as possible to avoid any delay in processing this transfer request.
- A copy of your completed form will be forwarded to the preferred school.

Further information is contained within the Admission to School - Advice to Parents Booklet, which is available from the Admissions Team or on-line at: www.barnsley.gov.uk/schooladmissions

Further information is available at schooltransport@barnsley.gov.uk

Yours faithfully

Beverley Sadler

Beverley Sadler Principal Officer, Admissions

BARNSLEY METROPOLITAN BOROUGH COUNCIL

Common Transfer Form for Admission to Primary or Secondary School

This common transfer form enables you to apply to transfer your child from one school to another Barnsley school of your preference. You can express preferences for three schools (including Academies and Voluntary Aided Schools) and rank your preferences in order. This form must not be sent directly to school.

To apply for a school outside Barnsley, you must contact the Local Authority the school is located in.

Between the forms to Cohool Admirations Boomle Binestonets BO Boo	624	For Office	Use Only	
Return the form to: School Admissions, People Directorate, PO Box Barnsley S70 9GG (Fax no 01226 773682)	634,	EMS		
To apply for a Voluntary Aided School, complete and return this form toge supplementary information form obtained from the school.	ether with a			
PLEASE COMPLETE THIS FORM IN CAPITALS USING BLACK INK SECTION ONE: PREFERENCES		YR G	ROUP	
Write the name of your three preferred schools in rank order				
1 st preference school		AN	NOR	
2 nd preference school				
3 rd preference school				
Requested date on which transfer should take place:				
		HW		
SECTION TWO: DETAILS ADOLLT VOLID CHILD		Fiia	wile Le	
SECTION TWO: DETAILS ABOUT YOUR CHILD		Elig	gible	
Your child's personal details first name middle name(s)		Y	N	
		Y	Z	
Surname		Y	N	
Your child's date of birth Day Month Year (please tick) Male	Female	SEN	LA	
Your child's address (Addresses are routinely checked and places may be withdrawn if a false address has been given)		Pos	tcode	
Your name Mr/Mrs/Ms/Miss/other First Name	Surname			
For Office Use Only				
Allocated School:				

Your address				Postcode			
(only complete this par address is different to page 1)	t if your the one						
page 1)							
If you are moving I	nouse ple	ase provide the new address below, and provide an	estimated mo	ving in date.			
New address				Postcode			
Proposed Moving	in Date						
Phone numbers	Daytime	Evening					
Mobile numbers							
Email address							
Please tick this box only if your child is looked after by the local authority							
Please tick this box only if your child has a statement of special educational needs SEN Statement							
Does your child have any extra learning or behaviour support in school? YES NO							
Reason for transfer request (continue on additional sheets if required)							

SECTION THREE: SIBLINGS

Please provide details of brothers and / or sisters of your child who are currently attending school.

			For Office Use Sibling Only
name of sibling		date of birth	YG YES/NO
school name			
name of sibling		date of birth	YG YES/NO
school name			
SECTION FOUR: ED	UCATIONAL	HISTORY	
Name, address and telepho of school your child is currel attending:			
Date of admission to curren	t school:		
Details of any other schools	your child has a	ttended in the prev	ious 3 years:-
Name of School	Date of Entry	Date of Leaving	Reason for Leaving
Does your child attend scho	ol regularly?		YES NO
If NO, please state why:-			
Have you discussed this tra	nsfer with any m	ember of staff at yo	our present school?
If YES, please give details (member of staff,	and what the scho	ol has done to resolve any issues)
1			

Please note that if appropriate, you will be asked to discuss this request with staff at your child's present school if you have not already done so.

Are any of the following ag involvements (Name and d	•	•	? If so, please tick and give de	tails of the				
Educational Psychology Serv	/ice	Beha	viour Support Services					
Social Services/Life Chances	3	Sprin	gwell					
Educational Welfare Service		New	Street Child & Adolescent Unit					
Connexions / Careers		Yout	n Offending Team					
Details (including any other a	ngencies not listed abov	e):-						
SECTION FIVE: DETA	AILS OF FIXED TE	RM AN	D PERMANENT EXCLUS	SIONS				
			manent exclusions, including the clusion and whether fixed term o					
School(s) attended:								
Date(s) and Type(s) of exclusion(s):								
Reason(s) for exclusion(s):-								
SECTION SIX: DECLA	ARATION							
NOTES:			- wlo in our of west-west calcar	J.				
·			a place in any of preferred schoo o other council departments / gov					
agencies in respect o		tection of t	raud. If your child is offered a pla					
I certify that the information on this form is correct. I confirm that <u>all</u> other persons with parental responsibility have been contacted and have agreed to the transfer request. I also confirm that to my knowledge, there are no applications before the county/magistrates courts by a parent, someone claiming to be a parent etc, disputing the child's residence or which school they attend.								
Signed:		Date:						
Mother/Father/Guardian*/Oth *You may be asked to provide proo								

SECTION SEVEN: TO BE COMPLETED BY THE HEADTEACHER OF YOUR CHILD'S CURRENT SCHOOL

Please ask your child's current Headteacher to provide a brief report regarding your child including details of attendance, exclusions, (if any) and any other relevant information. If this section is not completed, the form will be returned to parents to obtain the Headteachers statement and signature.

In the best interest of to do you support this tra		YES	NO					joint be be		sions al?	YES	S	NO
Reason for decision (confirm that consideration has been given regarding whether a transfer or Fair Access referral is most appropriate):													
General character:													
Ability – please give details of current levels and targets:													
Attendance – give atte	endance su	mmary a	nd deta	ails of	any I	Educa	tion V	Velfar	e Ser	vice in	volvem	ent	
Behaviour – include de	etails of an	y strategi	es that	have	e beer	ı unde	rtake	n in s	chool	s:			
Exclusions (if any, plea	ase provide	e dates a	nd deta	ails):									
Other agency involven	nent/referra	als – plea	se pro	vide f	ull det	tails:							
SEN Status:	SEN Status:												
CAF – is there a current CAF in place or one being implemented:													
Any support in school:													
Any other relevant information:													
U.P.N.													
Signed:						Nam	e:						
Position						Date	:						