

Common Transfer Form

This Transfer Form is for children who live in Sheffield who want to transfer from their present school, or for pupils new to Sheffield requiring a school place.

You can express preferences for up to three schools and can give reason(s) for your transfer and school preferences. Applications will then be considered in line with the school admissions criteria.

You can use this form to apply for a place in:-

- Y1 - Y6
- Y7 (from January until July)
- Y8 - Y11

To apply for a place in Reception, Junior, apply to transfer from Primary to Secondary school or to apply for a place in a 6th form please contact 0114 293 0418

In many cases a child will transfer to a new school at the beginning of a new term, unless there is agreement by all concerned that a transfer should take place earlier. Until the transfer arrangements have been approved it is expected that your child will continue to attend their present school.

Help and Information

More information about how to request a transfer is available in an information leaflet available from the Pupil Admissions Team or online at www.sheffield.gov.uk/pupiladmissions

How to Contact Pupil Admissions

Pupil Admissions



Floor 3
Howden House
1 Union Street,
Sheffield
S1 2SH

Tel: 0114 2930418



Email: ed-admissions@sheffield.gov.uk



www.sheffield.gov.uk/pupiladmissions

Making a Transfer Request

- If you are applying as a **new resident in Sheffield** you **should** complete Section 1 and send this form direct to the Pupil Admissions Team. You may be contacted by the Children Missing Education Team to offer you support and guidance in making your application

If your child is already in a school and you would like to request a transfer:-

- You **should** discuss the reasons for transfer with staff at your child's current school
- You **should** read the leaflet that accompanies this form before submitting the completed form
- You **must** complete Section 1 of this form and ask your child's current school to complete Section 2

Applying for a Voluntary Aided (Catholic or Church of England) School

- You **must** complete the relevant form in Section 3.

What to do Next

- You **must** send your completed form to:

**PUPIL ADMISSIONS TEAM
CHILDREN YOUNG PEOPLE AND FAMILIES
FLOOR 3, HOWDEN HOUSE
UNION STREET
SHEFFIELD, S1 2SH**

Completion and return of this Transfer Form does not guarantee a place at any of your preferred schools

For office use only StudID:

Section 1 Your Child's Details

First name(s)

Last name

Previous name
(if applicable)

Last name(s)

Date Month Year

Male Female

Date of Birth

Year
Group

Gender

Is your child in Public Care (Looked after by Local Authority) Yes

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 or pre-
school / nursery &
start date

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:

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 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 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 this school

Date of Birth

Year Group

ADDITIONAL INFORMATION

Please tick the following boxes if your child:

- has a statement of Special Educational Needs
- is an Asylum Seeker/Refugee
- is a child of UK service personnel or other crown servants
- has been out of education for longer than one school term
- 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 homeless
- is known to the police or other agencies
- has a history of serious attendance problems
- is a traveller
- is a carer
- is known to the criminal justice system

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).....

Education Welfare Service

Name; (if known).....

Social Services

Name; (if known).....

Family Support

Name; (if known).....

Child and Adult Mental Health Service

Name; (if known).....

Multi-Agency Support Team

Name; (if known).....

Youth Offending Service

Name; (if known).....

Other

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	

Has your child ever received a fixed term exclusion from school? Yes No

Has your child ever received a permanent exclusion from school? Yes No

YOUR DETAILS

Your name	Mr/Mrs/Ms/Miss/Other	First name(s)	Last name
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Tick one box	Mother	Father	Carer	Other - please specify
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Your address	House no. and street		
(only to be completed if your address is different from your child's)	Area	Postcode	
	Town		

Telephone Numbers	Daytime	Evening
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Mobile

Email address

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 before making arrangements to have Section 2 completed by your child's current school.

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.

Signed
(parent)

Print full name
(parent)

Date

Date	Month	Year
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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 may be withdrawn.

Section 2

TO BE COMPLETED BY STAFF AT THE CURRENT SHEFFIELD SCHOOL. A COPY OF THIS FORM MAY BE SENT TO THE PREFERRED SCHOOL(S).

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

Special Educational Needs – Does the pupil have a Statement of Special Educational Needs? If yes, please give details. Also, please indicate if an assessment is being processed or the pupil is at School Action or School Action Plus.

Exclusions – Please give details of any fixed Term or Permanent Exclusions

Support strategies in place in school. Please give details including Pastoral Support Programme/I.E.P. CAF, Learning Mentor, EAL etc.

Courses followed including options and any off-site learning (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).....

Education Welfare Service

Name; (if known).....

Social Services

Name; (if known).....

Family Support

Name; (if known).....

Child and Adult Mental Health Service

Name; (if known).....

Multi-Agency Support Team

Name; (if known).....

Youth Offending Service

Name; (if known).....

Other

Name; (if known).....

Signature

Position

Date	Month	Year
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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

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.

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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.....

This document can be supplied in alternative formats,
please contact:

Sheffield City Council
Admissions Team
Tel: 0114 293 0418
www.sheffield.gov.uk/pupiladmissions

