



Student Details Form

Section should be completed by the Headteacher of your child's current school. Your child's application will not be processed without this.

Student Name	School
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Attendance			
Attendance (%)		Period Covered	
Punctuality	<input type="radio"/> Good <input type="radio"/> Poor <input type="radio"/> Average	EWO Involvement	Yes <input type="radio"/> No <input type="radio"/>

Special Needs			
EHCP	Yes <input type="radio"/> No <input type="radio"/>	IEP	Yes <input type="radio"/> No <input type="radio"/>

Other Agencies involved (please tick)			
Education Psychologist		Social Worker	
Behaviour Support Team/PRU		ESLAC	
EOTAS		Locality Team	

Other Support Mechanisms	
PSP	
Fixed Term Exclusions	
Other	

Discussion with the School	
Has the transfer request been discussed with the school?	Yes <input type="radio"/> No <input type="radio"/> <input type="radio"/>

Does the school support the parent's request for transfer?	Yes <input type="radio"/> No <input type="radio"/>
Would the transfer be detrimental to the child in any way?	Yes <input type="radio"/> No <input type="radio"/>

Please add any other comments you think we may find helpful:

To help this child's future school easily discuss the above with you please give below your full contact details. Thank you for your help in completing this form.

Name:	Tel No. (including extension)
Email:	
Signature:	Date:

School Stamp: