



# Primary school transfer of school – Application form

## Important Information

Before applying you must read the 'In-Year Admissions - Primary and Secondary Schools Information Booklet' which is available online at [www.wigan.gov.uk](http://www.wigan.gov.uk) by following the links for Education – School Admissions – Moving School. If you cannot read the booklet online, please contact us on 01942 489013.

## How do I apply?

Wigan Council is responsible for co-ordinating admissions into all primary schools in the Wigan area except for the following five schools; St Patrick's Catholic Primary, Hindley All Saint's CE Primary, Castle Hill St Philip's, St Gabriel's Catholic Primary and Golborne St Thomas CE J&I School. For information about applying for these schools please contact the school directly.

- Parent/carer wishing to change their child's school from one school to another school within the Wigan Borough
- Parent/carer who have arrived into the Wigan Borough requiring a school place for their child
- Parent/carer wishing to move from an independent school to a school maintained by the council

## Is there an application form I need to complete?

This is the application form that the parents/carers will be required to complete when requesting admission to a new school. There are two parts to the application form, Part 1 should be completed by the Head Teacher of your child's current school, Part 2 must be completed by the parent/carer with parental responsibility.

You must ensure your child's continued attendance at their current school whilst your application is being considered, however it is recognised that for families who have moved into Wigan this may not always be possible. You must in **all** circumstances inform the Head Teacher at their previous school of the arrangements you are making. **They will need to fill in part 1 of the application form before you can submit your application.**

## Children with an Educational Health and Care Plan (EHCP)

In-year applications for such children are considered separately. Where your child has an Education, Health and Care Plan, please complete the application form. If you are new to the area, it is important to tell the local authority where you are coming from that you are moving to Wigan. This will allow them to send your child's details to the Wigan Special Education Needs (SEND) team.

**Please return your completed form, that is both parts 1 and 2 to:**

[Primaryinyeartransfers@wigan.gov.uk](mailto:Primaryinyeartransfers@wigan.gov.uk)

Or

School Organisation Team

Wigan Council

PO Box 100

WN1 3DS



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**Part 1** – This form must be completed and signed by the Head Teacher in the school that your child currently attends/attended. Once completed it must be returned together with part 2 of the application form.

**Parent/Carers must not complete this section.**

**For School to complete:**

Once this form has been completed and signed by the head teacher, the parent/carer will submit the form to the School Organisation Team. The school must send the relevant documents listed below to the School Organisation Team at [primaryinyeartransfers@wigan.gov.uk](mailto:primaryinyeartransfers@wigan.gov.uk).

Schools must also share this information with parent/carer on request.

1. Attendance information
2. Behaviour conduct log
3. Fixed term exclusion record
4. Educational Health and Care Plan (If applicable)
5. Copy of last school report

**Please answer all questions fully and indicate 'not applicable' where appropriate.**

Name of Pupil:

NCY:

UPN:

Name of parents/carers (those with parental responsibility):

Address:

Telephone number:

Ethnicity:

Language spoken:

Current School and DfE Number:



| <b>Special Educational Needs and Medical information</b>  |                      |
|---|----------------------|
| Education, Health and Care Plan (EHCP): <i>If other, please comment</i> YES / NO / OTHER                    |                      |
| Date of last EHCP meeting:  | Date of last review: |
| <b>Are you aware of additional need in any of these areas?</b><br>Please indicate 'Yes' or 'No' and comment |                      |
| Hearing:  |                      |
| Vision:   |                      |
| Speech and language:  |                      |
| Specific learning difficulties:   |                      |
| Autistic Spectrum Disorder:   |                      |
| Attention Deficit Hyperactivity Disorder:   |                      |
| Social, Emotional and Mental Health (SEMH):   |                      |
| Other (please specify):   |                      |

| <b>Support Services Involvement</b>   |
|---|
| Please indicate and give the contact name and dates of intervention(s)                      |
| Targeted Education Support Service (TESS):  |
| Child and Adolescent Mental Health Service (CAMHS):   |
| Education Psychology Service (EPS):   |
| Targeted Youth Support Service (TYSS):  |
| Engagement Centre:  |
| Attendance Service:   |
| Start Well:   |
| Social Care:  |
| Special Educational Needs and Disability Service (SEND):                                    |
| Speech and Language Team (SALT):  |
| Occupational Therapy (OT):  |
| Virtual School Team (VST):  |
| Special Educational Needs and Disability Information Advice and Support Service (SENDIASS): |
| Paediatrician:  |



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|--|
| Alternative Provision:                                   |
| Wellbeing Centres – Early Years:                         |
| Ethnic Minority & Traveller Achievement Service (EMTAS): |

|   |
|---|
| <b>Learning Profile</b>                                 |
| Most recent progress data and any additional profiling: |

|   |
|---|
| <b>Behaviour Profile</b>  |
| How does the child behave in school?  |
| Does the child exhibit any inappropriate behaviour in school? <i>If yes, please comment</i> |
| What behaviour strategies has the school used? (if applicable)                              |
| Has the child has any fixed term suspensions in the last 12 months?                         |
| Risk to self or others? (please attach risk assessment if appropriate)                      |
| Is the child at risk of permanent exclusion?  |

|                                      |
|--------------------------------------|
| <b>Emotional/Social Profile</b>      |
| Self esteem:                         |
| Ability to reflect on own behaviour: |
| Communication/co-operation skills:   |

|  |       |
|--|-------|
| <b>This form must only be signed by the Head Teacher</b>   |       |
| A meeting with the parents/carers took place on:   |       |
| Please provide parents/carers reasons for changing school:   |       |
| I agree with this application for transfer of school:  |       |
| I have discussed any potential implications which may arise of a result of moving school: YES / NO |       |
| Signed: (Head Teacher):  |       |
| Head Teacher:  |       |
| School:  | Date: |