

**FOR OFFICE USE ONLY**

Received \_\_\_\_\_

Transfer Meeting \_\_\_\_\_

Input \_\_\_\_\_

Sent \_\_\_\_\_

Response Due \_\_\_\_\_

Panel \_\_\_\_\_

# School Transfer Application Form

You must read the important points to note on page 7 of this form **before** you complete your application. Please do not detach or separate any part of this application form. Sections A, B and C must be returned as one complete form in order for your application to be processed.

## Section A

### Your child's details

Forename \_\_\_\_\_ Middle Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Date of birth \_\_\_\_\_ Male  Female  Current year group \_\_\_\_\_

Current address \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_

New address and moving date (*if applicable*) \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_

Current school your child attends \_\_\_\_\_

List below any previous schools your child has attended (*within the last three years*)

Previous school(s)	Date from	Date to
_____	_____	_____
_____	_____	_____
_____	_____	_____

### School preferences

List the schools you want to apply to in order of preference below:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

If any of your preferences is for a Catholic or Church of England School, please state your child's religion below:

\_\_\_\_\_

If a place is available at one of the above schools, when would you like your child to start?

\_\_\_\_\_

## Siblings (brothers and sisters)

Does your child have any siblings of school age? Yes  No

Name of sibling(s)	Male/Female	Date of birth	School attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Reasons for transfer

Please state your reasons for requesting a transfer (*continue on a separate sheet if necessary*)

---

---

---

---

---

---

---

---

## Further information about your child

Does your child speak English? Yes  No

If no, what is your child's first language \_\_\_\_\_

Ethnicity of child \_\_\_\_\_

Does your child have an Education, Health & Care Plan? Yes  No

Is your child receiving Special Educational Needs Support? Yes  No

Is your child looked after by a local authority? Yes  No

If yes, please state the name of social worker and local authority involved

---

Was your child previously looked after and is now adopted or became subject to a child arrangements order or special guardianship order? Yes  No

Does your child live with someone other than yourself? Yes  No

If yes, please state the relationship with this person & how long this arrangement has been in place?

---

Is your child?  A traveller child  UK forces family  An asylum seeker  
 A refugee  Permanently excluded  None of these

## Your details

Title  Mr  Mrs  Miss  Ms  Other (*please state*) \_\_\_\_\_

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to child \_\_\_\_\_

Email address \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Work telephone \_\_\_\_\_

Your first language \_\_\_\_\_

Do you speak/understand English? Yes  No

Is there a court order in place which affects your right to apply for a school place? Yes  No

Do all those with parental responsibility agree to this request? Yes  No

## Signature

I confirm that the information given on this form is correct. Information is collected in compliance with the Data Protection Act 2018. It will be used to allocate a school place and may be shared with other agencies, local authorities and other relevant officers within the council including Revenues and Council Tax.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

### Please note:

- If you are a new arrival from overseas you must complete Section B of this form.
- Once you have completed Section A (and Section B if you are a new arrival from overseas), you must return the full application form to your child's current school for them to complete Section C.
- If you would prefer to email this form to your child's current school, please contact them directly to obtain the relevant email address.
- Please read the important information on page 7 **before** you submit your application form.



## Section C

### This section must be completed by the child's current school

Date form received \_\_\_\_\_

Is the child receiving support in any of the following:

SEN    PSP    IBP    IEP    EHCP    EAL

Please supply any reports/comments relating to the above on an additional sheet.

Percentage attendance for last school year \_\_\_\_\_%      Current school year \_\_\_\_\_%

Is the child currently attending school?    Yes     No

Comments:

---

---

---

---

---

---

---

Please provide details of any siblings currently attending your school

Name of sibling(s)	Male/Female	Date of birth	School attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide dates and reasons for any fixed term exclusions:

---

---

---

---

---

---

---

Is the child at risk of permanent exclusion?    Yes     No

Are there any issues that might be of concern to a receiving school  
(e.g. bullying, disaffection, community issues etc)?      Yes     No

Additional comments:

---

---

---

---

---

---

---

---

Does this application meet any of the Fair Access Protocol Categories? Yes  No

If yes, which FAP/PPP Category? \_\_\_\_\_

### PRIMARY ONLY: Age related expectations

Is the child reaching age related expectations?

---

---

---

---

---

### SECONDARY ONLY: Details of qualifications being taken

Courses taken	Qualification type	Exam board	Predicted results
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### School signature

Name of school \_\_\_\_\_ Designation \_\_\_\_\_

Signed \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_

**Once complete please return this form to:**

The School Admissions Team, Dryden Centre, Evistones Road, Gateshead NE9 5UR.

Email [schooladmissions@gateshead.gov.uk](mailto:schooladmissions@gateshead.gov.uk) Telephone number 0191 433 8589

## Important - before you apply

- This form can only be used if you are requesting a transfer to a Gateshead School.
- Sections A, B and C must be complete before we can process your request.
- Once you have completed Section A (and Section B if you are new to the UK), **you must** return the full form to your child's current school for them to complete Section C. Your child's current school will then forward the completed form to us to be processed once they have completed Section C.
- If you would prefer to email this form to your child's current school, please contact them directly to obtain the relevant email address.
- **Your form will not be processed unless all information requested is provided.**
- All persons with parental responsibility for the child must agree to the request before the transfer form is completed.
- We cannot guarantee that your child will be offered a place at one of your chosen schools as this will depend on the availability of places.
- If you are new to the UK from overseas you must complete Section B of the school transfer application form and attach relevant documentary information. Your request will not be processed until your child is resident in the UK.
- You can request a school transfer up to a maximum of six weeks prior to the school place being required. However, if your request is for your child to transfer school at the start of a new academic year, i.e. September, you can apply for a school place up to six weeks before the start of the school summer holidays, i.e. June of that year.
- If your request meets a Fair Access category, an Education Support Officer will contact you to discuss the Fair Access Process.
- If your request is processed as a normal transfer:
  - Primary schools have 10 school days to respond to the Local Authority
  - Secondary schools have 20 school days to respond to the Local Authority
- We will contact you once a response(s) from the relevant school(s) is received.

**The School Admissions Team, Dryden Centre, Evistones Road, Gateshead NE9 5UR**  
**Email: [schooladmissions@gateshead.gov.uk](mailto:schooladmissions@gateshead.gov.uk)**  
**Telephone: 0191 433 8589**

