



BARNSELEY
Metropolitan Borough Council

People Directorate
Education, Early Start and Prevention
School Admissions
Head of Service: Claire Gilmore

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
Admissions and Access Manager

BARNSELY 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.

Return the form to: School Admissions, People Directorate, PO Box 634, Barnsley S70 9GG

To apply for a Voluntary Aided School, complete and return this form together with a supplementary information form obtained from the school.

PLEASE COMPLETE THIS FORM IN CAPITALS USING BLACK INK

SECTION ONE: PREFERENCES

Write the name of your three preferred schools in rank order

YR GROUP

1 st preference school	
2 nd preference school	
3 rd preference school	

Requested date on which transfer should take place:

SECTION TWO: DETAILS ABOUT YOUR CHILD

Your child's personal details

first name	middle name(s)
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Eligible

Y	N
Y	N
Y	N

Surname

Your child's date of birth

Day	Month	Year
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Your child's gender (please tick)

Male	Female
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SEN	LA

Your child's address

(Addresses are routinely checked and places may be withdrawn if a false address has been given)

	Postcode
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Your name

Mr/Mrs/Ms/Miss/other	First Name	Surname
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For Office Use Only

Allocated School:	
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Your address

(only complete this part if your address is different to the one page 1)

	Postcode
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If you are moving house please provide the new address below, and provide an estimated moving in date.

New address

	Postcode
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Proposed Moving in Date

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Phone numbers

Daytime	Evening
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Mobile numbers

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Email address

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Please tick this box only if your child is, or has previously been, looked after by the local authority **(Please see Section 6 also)**

looked after child

Please tick this box only if your child has a statement of special educational needs or an Education, Health and Care Plan (EHCP)

/EHCP

Does your child have any extra learning or behaviour support in school?

YES	NO
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Reason for transfer request (continue on additional sheets if required)

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SECTION THREE: SIBLINGS

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

name of sibling	date of birth
school name	

name of sibling	date of birth
school name	

For Office Use Only	Sibling
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SECTION FOUR: EDUCATIONAL HISTORY

Name, address and telephone number of school your child is currently attending:

Date of admission to current school:

Details of any other schools your child has attended in the previous 3 years:-

Name of School	Date of Entry	Date of Leaving	Reason for Leaving

Does your child attend school regularly?

YES	NO
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If NO, please state why:-

Have you discussed this transfer with any member of staff at your present school?

YES	NO
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If YES, please give details (member of staff, and what the school has done to resolve any issues)

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.

Please tick and give details of the involvements of any agencies involved with your child (Name and date of contact, outcome, etc.)

Educational Psychology Service	<input type="checkbox"/>	Behaviour Support Services/Springwell	<input type="checkbox"/>
Social Services/Life Chances	<input type="checkbox"/>	Youth Offending Team	<input type="checkbox"/>
Educational Welfare Service	<input type="checkbox"/>	New Street Child & Adolescent Unit	<input type="checkbox"/>

Details (including any other agencies not listed above):-

SECTION FIVE: DETAILS OF FIXED TERM AND PERMANENT EXCLUSIONS

Give details of all of your child's fixed term exclusions and permanent exclusions, including the name of the school(s) attended, date of each exclusion, reason for each exclusion and whether fixed term or permanent.

School(s) attended:	
Date(s) and Type(s) of exclusion(s):	
Reason(s) for exclusion(s):-	

SECTION SIX: DECLARATION

The information provided on this form may be passed to other council departments / government agencies in respect of the prevention and detection of fraud. If your child is offered a place at the preferred school on the basis of false information then the offer will be void.

I certify that the information on this form is correct. I confirm that all other persons with parental responsibility have been contacted and have agreed to the transfer request and 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.

Children in Local Authority Care

This form should be counter- signed by a senior manager from Children's Social Care or the Local Authority's virtual school for looked after children.

Signed: Date:

Mother/Father/Guardian*/Social Care/Other - please specify:

**You may be asked to provide proof of guardianship*

Responsible Local Authority – for Looked After Children Only.....

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

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.**

Do you Support this transfer?

Transfer 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 attendance summary and details of any Education Welfare Service involvement

Behaviour – include details of any strategies that have been undertaken in schools:

Exclusions (if any, please provide dates and details):

Other agency involvement/referrals – please provide full details:

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:

Name:

Position	
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Date:	
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