



Children's Services
Education & Partnerships
School Admissions
Head of Service: Anna Turner

Enquiries to: School Admissions
Direct Dial: 01226 773677
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 completed form should be returned to 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 school 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.

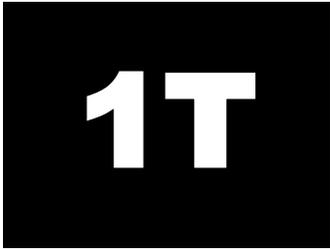
- If Section Seven of the form has not been completed and signed by the Headteacher of your child's current school, the form will be returned to you –it will not be processed until all sections are completed.
- The legal requirement is that your child must continue to attend their current school.
- You 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

Following Brexit on the 1st January 2021 Overseas nationals entering the UK who wish to apply for a state-funded school must check that they have a right of abode or the conditions of their visas otherwise permit them to access a state-funded school. **It is the responsibility of parents to check that their children have a right, under their visa entry conditions, to study at a school.** Please see the Government website at <https://www.gov.uk/right-of-abode> Further information is available at schooltransport@barnsley.gov.uk

Yours faithfully

School Admissions



Common Transfer form for Admissions 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.

Once complete e-mail the form to admissions@barnsley.gov.uk or post it to Children's Services, School Admissions, PO Box 634, S70 9GG

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

SECTION ONE : PREFERENCES

Write the name of your three preferred schools in rank order

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

Requested date on which transfer should take place

SECTION TWO : DETAILS ABOUT YOU AND YOUR CHILD

Child's First Name:		Child's Middle name:	
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Child's Surname:		Child's Gender:	Male		Female	
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Child's date of birth: DD/MM/YYYY	
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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:	Title:	Your First Name:
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Your Surname:	
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Your address *Only complete this part if your address is different to your child's address*		Postcode
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If you are moving house please provide the new address below and an estimated moving in date.

New Address		Postcode
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Proposed Moving in Date:	
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Contact Number(s)	
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E-mail address	
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Please tick this box only if your child is, or has previously been, looked after by a Local Authority	<input type="checkbox"/>
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If you have ticked the box please provide the Responsible Local Authority	
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Please tick this box if your child has an Education, Health and Care Plan (EHCP)	<input type="checkbox"/>
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Does your child have any extra learning support in school?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Reason for transfer request (Continue on additional sheets if required)

SECTION THREE: SIBLINGS

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

Name of sibling:		Date of Birth	
School attending:			

Name of sibling:		Date of Birth	
School attending:			

Name of sibling:		Date of Birth	
School attending:			

SECTION FOUR : EDUCATIONAL HISTORY

Name of school your child is currently attending	
Address of school your child is currently attending	
Telephone number of current school	
Date of admission to current school	

Details of any other school(s) 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 a member of staff at your child's current school?	YES		NO	
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If YES, please give details

Please tick and give details of any agencies involved with your child.

(Name, date of contact and the outcome etc..)

Educational Psychology Service	
Social Services	
Educational Welfare Service	

Behaviour Support Services/Springwell	
Youth Offending Team	
New Street Child & Adolescent Unit	

Details (Including any other agencies not listed above)

SECTION FIVE : DETAILS OF FIXED TERM AND PERMANENT EXCLUSIONS

Give details of all your child's fixed term exclusions and permanent exclusions.

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 the 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 or 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:	
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Date:	
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Mother/Father/Guardian*/Social Care/Other—please specify	
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*you may be asked to provide proof of guardianship

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

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.**

Childs Name:		DOB:	
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UPN:												
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Do you support this transfer?

YES		NO	
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Do you think a FAP referral is appropriate ?

YES		NO	
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Reason for transfer

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Attendance - give attendance summary and details of any Education Welfare Service involvement:

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Behaviour - Include any details of any strategies that have been undertaken in schools:

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

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Other agency involvement/referrals - Please provide full details:

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SEN Status:

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Early Help Assessment - Is there a current EHA in place or one being implemented:

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Any Support in School:

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Any other relevant information :

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Signed:

Position:	Date:		