

## Pupil Admissions Contact Details

Pupil Admissions, Floor 5, South, Howden House, Union Street S1 2SH

Tel: 0114 273 5790 or 0114 273 5766

Email: [ed-admissions@sheffield.gov.uk](mailto:ed-admissions@sheffield.gov.uk)

Website: [www.sheffield.gov.uk/pupiladmissions](http://www.sheffield.gov.uk/pupiladmissions)

## Application form for pupils requesting a transfer from one Sheffield school to another Sheffield school.

The completed form should be returned to Pupil Admissions by email at the address shown above, or posted if email is not available.

**For office use only StudID:**

## Section 1 Your Child's Details

First name(s)

Last name

Date of Birth

Date Month Year

Year Group

Gender

Is your child Looked After or has been previously Looked After (by Social Services)? Yes

If Yes, under which Authority

The address a which your child normally lives

Addresses are routinely checked and places may be withdrawn if a false address has been given

House Number and Street

Area

Town

Postcode

If you are intending to move house in the near future please give details. E.g. when and where to.

New Address

Postcode

Date of move

Your child's present school

School

Start Date



Have you discussed this transfer request with someone at your current School?

Yes  No

Name of person spoken to:

Role at the School:

**Which school would you like your child to attend?**

## Preferences

Write the names of your preferred schools in ranked order in the boxes provided. Give reasons for requesting a transfer and your school preferences.

**1st Preferred School**

Reasons for transfer/preference

Name of any sibling attending or applying to this school

Date of Birth

Year Group

**2nd Preferred School**

Reasons for transfer/preference

Name of any sibling attending or applying to this school

Date of Birth

Year Group

**3rd Preferred School**

Reasons for transfer/preference

Name of any sibling attending or applying to this school

Date of Birth

Year Group

<input type="text"/>	<input type="text"/>
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## Additional Information

Please tick the following boxes if your child:

Has been subject to a Child In Need Plan (CIN) or Child Protection Plan (CP) or has had a CIN or CP in the last 12 months

Is living in refuge or any other relevant accommodation

Is from the criminal justice system

Is in alternative provision and needs to be reintegrated into mainstream education or has been permanently excluded but deemed suitable for mainstream education

Has special educational needs (but does not have a Education Health & Care Plan), disabilities or medical conditions

Is a carer

Is homeless

Is in formal Kinship care arrangements

Is a child of or who is a Gypsy, Roma, Traveller, refugee and asylum seeker

Has been out of education for four or more weeks

Is previously looked after (been in the care of Social Services)

Does your child currently receive any significant medical, social, behavioural, physical or mobility support, please give details below.

Are any of the following agencies involved with your child? If so please tick the relevant box(es) and give name of person involved if known.

**Educational Psychology Service**

Name; (if known).....

**Family Support**

Name; (if known).....

**Social Services**

Name; (if known).....

**Multi-Agency Support Team**

Name; (if known).....

**Child and Adult Mental Health Service**

Name; (if known).....

**Other**

Name; (if known).....

**Youth Offending Service**

Name; (if known).....

**No other service involved** .....

Please give details of your child's previous 3 schools (if applicable)

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

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

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

**YOUR DETAILS**

Your name	Mr/Mrs/Ms/ Miss/Other	First name(s)	Last name	D.O.B.
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Tick one box	Mother	Father	Carer	Other - please specify
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Your address

(only to be completed if your address is different from your child's)

House no. and street

Area

Town

Postcode

Telephone Numbers

Daytime

Evening

Mobile

Email address

Is there anyone who shares parental responsibility for this child?

Name:-

Relationship to child:-

Contact number:-

Please confirm that you have discussed this transfer with them and have their agreement, by signing below. We will not be able to process applications where there is a disagreement between parents/carers.

Signature:

Is English the first language spoken in your home?

Yes  No

Please give details of any other language(s) spoken.

**If you have named a Catholic, Church of England and/or Emmaus School(s) as one of your preferences, please complete Section 3a and/or 3b (as appropriate) of this form.**

## Declaration

I declare that all the information I have given on this form is correct and true. Also, I have parental responsibility for the child named and consent to educational records being shared between schools and other agencies where necessary to secure an appropriate school placement.

Signed  
(parent)

Print full name  
(parent)

Date

Date

Month

Year

Please note: If your child is offered a place at a school on the basis of false or intentionally misleading information provided by you, the offer of the school place will be withdrawn. Information captured on this form and accompanying documents will be used by Admissions when processing your application, and could be shared with other agencies and schools as required.

# Section 2

**Every box in Section 2 must be completed. If there is no data relating to the child, you must enter N/A.**

To be completed by the current Sheffield school and must be signed by the Headteacher or member of Senior Leadership Team. If this section is not completed, it will be returned to the school to complete. A copy of this form will be sent to the preferred school(s).

**Failure to complete this section will delay the application.**

**Does the pupil have a Child Protection Plan?** Yes  No  N/A

(Please enter not applicable if not relevant to this child)

(If yes please provide name of person to contact to discuss plan)

**Attendance and Punctuality** – Please give details of the current level of attendance

(Mandatory field)

## Behaviour information

Please describe any behaviour concerns. Also has the child been discussed at P.I.P. or S.I.P? please provide details.

**Concerns:** N/A  Yes  No

If Yes, give details below. Please continue on another sheet if needed.

	Behaviour Points	Main Behaviour Types
Year 7	N/A <input type="checkbox"/>	
Year 8	N/A <input type="checkbox"/>	
Year 9	N/A <input type="checkbox"/>	
Year 10	N/A <input type="checkbox"/>	
Year 11	N/A <input type="checkbox"/>	

**Special Educational Needs** - Does the pupil have an Education Health Care Plan? If yes, please give details of needs and support provided. Also, please indicate if an assessment for an EHCP in process. Please also include details of special needs if the child does not have an EHCP e.g. code.

N/A  Yes  No  If Yes, give details below

**Exclusion Information**

**Fixed term exclusions** N/A  Yes  No

If Yes, give details below. Please continue onto another sheet if needed.

Date	School Year	Reason for Exclusion	No. of Days Excluded

**Permanent exclusions** N/A  Yes  No  If Yes, give details below.

Date	School Year	Reason for Exclusion

Has the child ever been internally excluded / secluded within an internal behaviour unit?

Yes  No  If Yes, please provide reasons.

**Support strategies in place in school and previously tried.**

N/A  Yes  No  If Yes, give details below

Please give details including Pastoral Support Programme/I.E.P. Graduated response form (MYPLAN), P.E.P.

**Courses** followed including options and any off-site learning include details of any test/exams already taken and results (secondary schools only)

**Current Levels of Performance** e.g Assessment Data

Are any of the following agencies involved with this child? If so please tick the relevant box(es) and give name of person involved if known.

**Educational Psychology Service**   
Name; (if known).....

**Social Services**   
Name; (if known).....

**Child and Adult Mental Health Service**   
Name; (if known).....

**Youth Offending Service**   
Name; (if known).....

**Family Support**   
Name; (if known).....

**Multi-Agency Support Team**   
Name; (if known).....

**Other**   
Name; (if known).....

**None of the above** .....

**Have you considered an off site direction?** Yes  No

Comments

**Does the school support the request to transfer?** Yes  No

Comments

Name and Position of school representative that met with parent.

Date	Month	Year
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<b>Signature of Headteacher or Senior Leader</b>
<b>Print Name:</b>

**Please note:** If it is not feasible for the Headteacher to sign the form, you are signing on their behalf and confirming that all information has been provided and is accurate.

# Section 3a

*Diocese of Hallam Schools' Department*  
**Application for a place in a Catholic School**  
within the Diocese of Hallam

Full Name of Child..... Date of Birth .....

Please tick one box from those below to indicate your child's faith or religion and provide the appropriate evidence to the school to which you are applying.

Faith/Religion	Tick Box	Evidence (see below)
Catholic	<input type="checkbox"/>	
Catechumen	<input type="checkbox"/>	
Member of an Eastern Christian Church	<input type="checkbox"/>	
Member of other Christian denomination	<input type="checkbox"/>	
Member of other faith	<input type="checkbox"/>	

Signed ..... Date: .....

**Evidence of Catholic Baptism** - a copy of the certificate of baptism or certificate of reception into full communion of the Catholic Church should be provided.

**Evidence for Catechumens** - a copy of the certificate of reception into the order of catechumens should be provided

**Evidence of Membership of an Eastern Christian Church (including Oriental and Orthodox Churches, as listed by the Pontifical Council for Promoting Christian Unity)** - a copy of the certificate of baptism or reception from the authorities of that Church should be provided

**Evidence for Other Christian Denominations** - a letter on headed paper confirming membership of that Christian denomination and signed by the appropriate minister of religion should be provided.

**Evidence for Other Faiths** - a letter on headed paper confirming membership of that faith, and signed by the appropriate minister of religion or faith leader, should be provided.

For Emmaus Catholic and Church of England School only, a copy of the certificate of Church of England baptism should be provided if applicable.

Please refer to the individual school's admission policies for further information.

# Section 3b

## The Church of England Diocese of Sheffield

### Additional information to make an application for a Church of England Aided School

#### PLEASE COMPLETE IN BLOCK CAPITALS

Name of Pupil for whom application is made: .....

1. Is the application for your local school? Yes  No

2a. Are you a member of a Christian Denomination/World Faith? Yes  No

2b. If yes please name the Christian Denomination/ World Faith.

.....

3. If appropriate Please name your present parish/place of worship:

.....

**Only** for those applying for a school place at a Church of England School, please answer this question.

Has your child been Baptised? Yes  No

4. Is this application made because you want a Christian education for your child? (Because you want your child to be educated within a Church of England School?) Yes  No

5a Is this application being made because of a regular pattern of worship by parents/carers as defined in the school's admission policy? Yes  No

5b If **yes** please complete the Minister's Referral Form over-page and then ask your minister of religion to countersign it. Yes  No

Full Name and signature of person(s) completing this form:

Name ..... Signature.....

## Minister of Religion Referral Form

Name of child: .....

Name(s) of parent/carer .....

Address of parent/carer .....

.....

### ***In determining faith admission applications priority is given to:-***

those children whose parents/carers can prove a long standing and regular pattern of worship at any public place of worship as defined in the school's admission policy.

The parents/carers are asked to complete the details below at Section 1 and then ask their minister of religion to countersign the form at Section 2.

### **Section 1**

a) We the parent/carer(s) of .....  
have worshipped at least ..... (insert frequency eg weekly, twice a month etc)  
for the last ..... (insert length of time eg five years, nine months etc).  
If recently moved, please also give details of the previous place of worship

Signed (parent/carer) ..... Date:.....

### **Section 2**

Countersigned by minister of religion

I can confirm that the above information is correct .....

Date: .....

Name of minister of religion:.....

Tel. Number:.....

Address:.....

.....

Any other comments.....

Sheffield City Council • Admissions Team  
[www.sheffield.gov.uk/pupiladmissions](http://www.sheffield.gov.uk/pupiladmissions)



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