

In-Year Transfer Application Form



THE
BRIAN CLARKE
CHURCH OF ENGLAND ACADEMY

Child's Details					
Forename and middle name(s)		Surname		Preferred name	
Date of birth		Female / male			
Year group applying for:		<input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10			
<i>Please note: we are a new school, growing by one year group each year. We do not yet have a Year 11 cohort.</i>					
Current address (child's normal residence)			Address to which child is moving (if applicable)		
Post code:			Post code:		
School currently attending / last school attended					
Date child left previous school (if applicable)					
Date place at The Brian Clarke Academy required					
Reason for the In-year Transfer application:					

	Yes	No
Is your child currently, or have they ever been, 'looked after' by a Local Authority?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have an EHCP (Educational Health Care Plan), formerly known as a 'statement of special educational needs'? <i>If yes, please note that the method of application is through a different route. Please contact the Admissions Officer for more information.</i>	<input type="checkbox"/>	<input type="checkbox"/>
If there are no current vacancies, do you wish your child to automatically be placed on the Waiting List?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have another child already attending The Brian Clarke Academy? If 'yes', please provide sibling name and date of birth	<input type="checkbox"/>	<input type="checkbox"/>
Sibling name(s)	Date(s) of birth	

Parent / carer Details			
Title	Forename(s)	Surname	Phone number
Home address:	Post code:		
E-mail			

Please return to admissions@brian-clarke.org or post to
The Admissions Secretary, The Brian Clarke Academy, Bloom Street, Oldham, OL9 6BP.

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Information about current / previous school

To be completed by the headteacher / main contact at the current or last attended school.

The questions below are for information purposes only and will be passed to the receiving school. Please complete all sections in full and attach all relevant information so that the transfer is processed as effectively and efficiently as possible.

Name of school		
Is the student still on roll at your school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student still attending your school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date the student last attended:		
Is the student eligible for Pupil Premium?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the request been discussed with the parent / carer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who discussed this request? <small>E.g. Headteacher, Assistant Head, Deputy Head, Keyworker</small>		
If yes, please state outcome of discussion		

Is the student looked after or has been looked after previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home Authority:	
		Name of social worker:	
Is the student on a Child Protection Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach PEP	
		Name of social worker:	
Is the student 'Child in Need status'?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of social worker:	
Does the student have a statement of special education needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary special need:	
Is the student on the SEN register?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Undergoing statutory assessment:	<input type="checkbox"/>
		School Action Plus:	<input type="checkbox"/>
		School Action:	<input type="checkbox"/>
Does the student have any medical conditions or disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach details and include information about any adjustments and / or interventions in school.	
Has the student been permanently excluded from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of PRU:	
		Reason:	
Does the student have a Pastoral Support Plan or Individual Education Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach details	
Please give attendance for the last academic year and current attendance figures.			

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Information about current / previous school

Does the student present with challenging behaviour?

Yes

No

Behaviour can be described as challenging where it would be unlikely to be responsive to the usual range of interventions to help prevent and address pupil misbehaviour or it is of such severity, frequency, or duration that it is beyond the normal range that schools can tolerate. We would expect this behaviour to significantly interfere with the pupil's/other pupils' education or jeopardise the right of staff and pupils to a safe and orderly environment

Has the student had any suspensions?

Yes

No

If yes, please provide details of challenging behaviour, including number of suspensions, dates, reasons etc.

Other agency involvement

Please state if any of the following agencies currently have involvement with this student

Attendance and Safeguarding	<input type="checkbox"/>	Education Psychology	<input type="checkbox"/>	Healthy Young Minds	<input type="checkbox"/>
Police	<input type="checkbox"/>	Youth Offending Team	<input type="checkbox"/>	Children's Social Care	<input type="checkbox"/>
Early Help	<input type="checkbox"/>	Sunrise	<input type="checkbox"/>	CAMHS	<input type="checkbox"/>
#Thrive	<input type="checkbox"/>				

Details of the person completing this form

Name:

Position:

Contact number:

E-mail address:

Date completed:

Headteacher declaration / countersignature

I have read and checked the information provided on this form and I declare that the information therein is an accurate representation of the child.

Signed:

E-mail address:

Date signed:

This form must be completed in its entirety before being return to The Brian Clarke Academy. Incomplete submissions will not be accepted.

Please return to admissions@brian-clarke.org or post to
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