**SCHOOL ADMISSIONS IN-YEAR APPLICATION FOR WORCESTERSHIRE SCHOOLS**

**CA1 – EHF**

**EDUCATION HISTORY FORM**

**PLEASE ENSURE THAT THE CURRENT/MOST RECENT SCHOOL COMPLETES THIS FORM AND RETURNS THE INFORMATION TO YOU. IT WILL NEED TO BE UPLOAD WITH YOUR ON-LINE APPLICATION. IF THIS INFORMATION IS NOT COMPLETED AND UPLOADED WITH YOUR ON-LINE APPLICATION, IT WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION.**

(IF THE CHILD/YOUNG PERSON IS LOOKED AFTER BY THE LOCAL AUTHORITY AND THEIR EDUCATION IS NOT CURRENTLY BEING PROVIDED BY A SCHOOL SETTING, PLEASE CONTACT THE VIRTUAL SCHOOL WHO WILL SUPPORT YOU TO COMPLETE THE FORM)

**WHERE IT IS NOT POSSIBLE TO ALLOCATE A PLACE FOLLOWING THE IN-YEAR APPLICATION PROCESS, THE INFORMATION PROVIDED ON THIS FORM, WILL BE USED AS PART OF THE REFERRAL FOR ACTION UNDER THE FAIR ACCESS PROTOCOL.**

**PLEASE COMPLETE IN FULL USING BLOCK CAPITALS and where necessary select a response.**

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| **Child’s Details** |
| **Name of Child** |
| Surname/Last Name |  |
| First/Middle Names |  |
| Gender | Male or female |
|  Date of Birth |  | DD/MM/YY |
| Current year group |  |  |
| 1st Preference School |  |
| 2nd Preference School |  |
| 3rd Preference School |  |

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| **For Completion by child’s current or most recent school** |
| School / Provider Name |  |
| DfE Number |  |
| Name of Contact at School in relation to this application and role at the school |  |
| UPN for this child |  |
| Has Transfer request been discussed with parent? NB If NO Parent will be advised to arrange a meeting with you to discuss before this application can be processed. | Yes No  |
| Summary of Issues discussed with parent/carer |  |
| Is this child in receipt of any of the Pupil Premiums? | Yes No  |
| If YES, please specify the type |  |
| Is the school aware of any issues relating to Parental Responsibility that the Local Authority should be aware of? | Yes No  |
| If YES, please provide details |  |
| If English is not the child’s first language, please provide details of the level of English understanding. | NoneBasicIntermediateAdvanced |
| Does this child come from a Refugee or Asylum Seeker Family | Yes No  |
| **Other Agency Involvement Please provide details.** |
| Education Investigation/CME | Yes No  |
| Social Care | Yes No  |
| Is this child CIN or subject to a CPP | Yes No  |
| Education Psychologist | Yes No  |
| YOS | Yes No  |
| CAMHS | Yes No  |
| Early Help Assessment | Yes No  |
| Other Agency involvement | Yes No  |
| If YES, please provide details and attach any necessary information |  |
| **Other Relevant Information** |
| Are there any Safeguarding concerns that the new school needs to be aware of? | Yes No  |
| Are there any Attendance related difficulties? In all cases, please attach record of attendance for the last 3 terms. | Yes No  |
| If YES, please give details |  |
| Is this child still on the roll of your school | Yes No  |
| If NO which of the prescribed deletions under regulation 8 of the Education (Pupil Registration) (England) Regulations 2006 as amended, did you use to remove them from roll? |  |
| Date removed from roll or date of last attendance if still on roll |  |
| **Exclusions** |
| Have there been any fixed term exclusions from your school in the last 12 months | Yes No  |
| If YES, please provide details |
| **Dates** | **Number of Days** |
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| **Permanent Exclusions** |
| Has this child been Permanently Excluded from this or a previous school | Yes  | No  |

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| If YES, please provide details |  |
| **Managed Moves** |
| Has this child ever been subject to a Managed Move between schools? | Yes  | No  |
| Name of Home School |  |
| Name of Managed Move destination School |  |
| Was the Managed Move Successful | Yes  | No  |
| Reasons Managed Move was not successful |  |
| **Special Educational Needs and Disabilities** |
| Does this child have an Education and Health Care Plan? | Yes  | No  |
| Is this child currently undergoing Assessment towards a possible ECHP? | Yes  | No  |
| If YES, please provide details |  |
| Does this child have any disabilities or medical conditions? | Yes  | No  |
| If YES, please provide details |  |

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| **Special Educational Needs and Disabilities…. continued** |
| Has the school completed an Individual Health Care Plan? | Yes  | No  |
| **If YES, please attach copy** |
| Does the child receive any SEND Support? | Yes  | No  |
| If YES, please provide details |  |
| Has the school completed an Individual Education Plan? | Yes  | No  |
| **If YES, please attach copy** |
| If the child/young person is Looked After, please attach a copy of their most recent Personal Education Plan (PEP) |
| Has the school completed a Pastoral Support Plan? | Yes  | No  |
| **If YES, please attach copy** |

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| **Academic Information** |
| **Most recent examination/assessment results. Attach a copy showing data or a narrative** |
| **ENGLISH** | **MATHS** | **SCIENCE** |
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| Term taken i.e., Summer 2021 |  |
| **Academic Information for Key Stage 4 ONLY** |
| **For Year 9 (where applicable), Year 10 and Year 11 pupils, please list current options** |
| **Subject** | **Course Details** | **Exam Board** |
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[**www.worcschildrenfirst.org.uk**](http://www.worcschildrenfirst.org.uk/)