**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. | | None  Basic  Intermediate  Advanced | | |
| 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** |
|  |  | |  |
| 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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**PLEASE ENSURE THAT THE CURRENT/MOST RECENT SCHOOL COMPLETES THIS FORM AND RETURNS THE COMPLETED INFORMATION TO THE PARENT/CARER.**



[**www.worcschildrenfirst.org.uk**](http://www.worcschildrenfirst.org.uk/)