



HOLMER GREEN SENIOR SCHOOL
IN YEAR TRANSFER FORM



If your child holds an Education Health Care Plan or a Statement of Special Educational Needs please contact SEN@buckscc.gov.uk for further information about moving school

For Admissions information please see our website: <http://www.hgss.co.uk/page/?title=Admissions&pid=22>

1. CHILD'S DETAILS				
First Name(s)		Legal Surname		
Date of Birth		Male / Female	Year Group	

Normal Home Address (the address and postcode at which the child normally lives) Please include address evidence	
If moving home, please provide the new home address (This is the address at which the child WILL live). Please include address evidence	Moving date:
Name and address of current or most recent school	If now left this school, please give last date of attendance:
Telephone number of school	

2. YOUR DETAILS	
Name(s) of parents/carers living at home address above (or with parental responsibility and living at an alternative address)	
Relationship to child	
Email address	
Home/Daytime telephone number	
Mobile telephone number	

3. YOUR SCHOOL PREFERENCES	
If you have applied for other schools, please list in order of preference	1. 2. 3.
Date admission required	
If transferring school within Buckinghamshire, please tell us why you want to move school	

4. IF APPLYING FOR YEAR 9, 10 OR 11	
Please state option subjects currently being studied by your son/daughter. <i>Please be aware that your course options may not be available at this school.</i>	

5. SUPPORTING INFORMATION	
----------------------------------	--

Does your child have any brothers or sisters attending HGSS?	Yes/No If Yes, please give details of sibling's name and date of birth
--	---

Are you applying on behalf of a child in care of a Local Authority? (For Admission purposes, a "looked after child" is a child in care who is looked after by the LA, this includes a child who is accommodated under a Care Order or Interim Care Order, OR a child who was previously looked after and immediately after being looked after became the subject of an adoption, residence or special guardianship order).	Yes/No If Yes, please tell us which Local Authority supports the child and the contact details of the social worker involved
--	---

Does your child have exceptional medical or social reasons why he/she should attend HGSS?	If Yes, please attach details. You will need to include written support from an appropriate professional person.
---	--

Exceptional reasons: These will only be considered if evidence is provided. If you think your child has a disability as defined in the Equality Act 2010 and you have decided on your preferences with this in mind, please give us more details. Add a separate sheet if necessary.

Does your child hold a statement of Special Educational Needs (SEN) or an Educational Health Care Plan (EHCP)?	Yes / Undergoing assessment / No (<i>if Yes or Undergoing assessment, please provide details</i>)
--	---

Your child may not currently have a statement of Special Education Needs or EHCP but may receive extra support in school for special needs. If so, please indicate the type of support	
--	--

Is your child currently supported by other agencies? Please tick the relevant boxes as appropriate	Social Services	
	Education Welfare Offices for Attendance issues	
	Educational Psychology Service	
	Child and Adult Mental Health Service	
	Ad-Action	
	Youth Offending Team	
	Paediatrician	
Other (<i>please specify</i>)		

Have you withdrawn your child from a school? If so, please tell us why	Yes / No
Elected to home education	
House move	
Current/previous school suggested move	
You are requesting a transfer	
Other (please specify)	

Has your child been permanently or temporarily excluded from any of his/her current or previous schools	Yes / No
---	----------

Please confirm which school(s) and give date(s) and reason(s). Please note that we will contact your child's current or previous school in order to process this application.

School(s)

Date(s)

Reason for exclusion

6. CURRENT SCHOOL INFORMATION AND HEADTEACHER COMMENTS

If transferring school within Buckinghamshire, please tell us why you want to move school		
Name of Headteacher or Head of Year of current school. (Applications will not be accepted without agreement from one of the school staff listed)		Signature* * I certify that I have seen the completed form and verify its content
Headteacher / Head of Year comments		

7. PARENTAL DECLARATION

I certify that I have parental responsibility for the child names in Section 1 and that this application has the agreement of all parents/carers listed in Section 2. I wish to make an application to Holmer Green Senior School.

I confirm that the information I have provided is to the best of my knowledge, correct and up to date. I understand that if I give any false or deliberately misleading information on this form and/or supporting papers or withhold any relevant information, this may lead to the withdrawal of an offer of a school place for my child.

I hereby authorise Holmer Green Senior School to contact my child's current or previous school.

IMPORTANT NOTE: ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND ALL EVIDENCE ATTACHED AS APPROPRIATE. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT AND THIS WILL DELAY THE PROCESSING OF YOUR APPLICATION

Signature of Parent/Carer:

Date:

Information supplied will be used for registration purposes under the Data Protection Act 1988

Once completed you should return this form to the Headteacher's PA at Holmer Green Senior School, Parish Piece, Holmer Green, Bucks HP15 6SP or email to plascottl@holmer.org.uk