

OFFICE USE ONLY	TO BE COMPLETED BY THE PRIMARY SCHOOL	
FORM COMPLETE YES / NO	REASON FOR THE SCHOOL TRANSFER REQUEST	

Blackpool Council will be processing the information which you have provided in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018.

The Council has agreed with all primary and secondary schools and academies in the area that the School Admissions Team will oversee, monitor and track all in-year applications.

Where required we will share your data and request information from other admission authorities, including other local authorities, and the relevant support agencies for your child.

For further information about how the Council will use your personal information, including your rights as a data subject, please see our website at www.blackpool.gov.uk/privacy

YOU & YOUR CHILD'S DETAILS:

Please give details of the child(ren) who you are applying for a school transfer:

	1	2	3	4
Child's Legal Name				
Child's Chosen Name				
Date of Birth				
Year Group				
Male / Female				
Current School				
Date last attended				

Your Title: **Other (please specify):** **Date of Birth:**

Your Full Name:

Current Address:

Relationship to Child: Mother Father Grandparent Foster Carer Other

Telephone Numbers: **Mobile:**

Home: **Work:**

E-mail Address:

If your child has a Full Statement of SEN / Education, Health and Care Plan, contact your current named SEN Officer and inform them that you are requesting a change of school. The Blackpool Statutory Assessment Team can be contacted on 01253 476553 if you have any questions.

Child's name	EHC Plan / Full Statement of SEN	Under Formal Assessment	School Action Plus	School Action

If any of your children have been excluded from school, please give details below:

Child's name	Number of Permanent Exclusions	Number of days and occasions of Fixed Exclusions	Reasons

Please give details of the reason(s) why you are applying for a school transfer below:

Who have you discussed this application with at your child's current school?

Please indicate with whom by entering name:	Headteacher	
	Deputy Headteacher	
	Head of Year	
	Other School Officer	

YOUR PREFERENCES:

Please state below which primary schools you would prefer your child(ren) to attend. All your preferences will be considered equally. However, if more than one school can offer a place, your highest ranked school will be allocated. It is strongly recommended that you state three schools.

	Preferred Primary School	Please state your reasons for requesting these schools
1st		
2nd		
3rd		

DECLARATION:

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT

Parent/Carer Signature:		Date:	
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THIS SECTION IS FOR THE HEAD TEACHER OF THE CHILD'S CURRENT BLACKPOOL SCHOOL TO COMPLETE, and is compulsory for parents/carers applying for a school transfer

Please sign below to confirm that the application has been made for the above pupil(s) in line with the Blackpool Primary Schools' Transfer protocol

Headteacher:	<input type="text"/>	Date:	<input type="text"/>
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The Headteacher of the receiving school will contact you for any relevant information after an admission date has been agreed.

RECEIPT AND SUBMISSION OF APPLICATION:

PLEASE RETURN THIS COMPLETED FORM TO:

SCHOOL ADMISSIONS TEAM
CHILDREN'S SERVICES DEPARTMENT
PO Box 4
BLACKPOOL FY1 1NA