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| **Pupil Transfer Information form to a School with Capacity** |
| Referring School:  | Host School: |
| Date referring: | Date received: |
| **Has the parent/carers given permission to share this information with the host school?** |  |
| **Required Information** | **Information and please state if plans and risk assessments are attached**  |
| Name |  |
| D.O.B.Yr Group |  |
| Pattern of normal attendance |  |
| UPN |  |
| Liked to be known as |  |
| Parent/carers full names |  |
| Key Worker status  |  |
| Address |  |
| Contact details |  |
| Emergency contact details  |  |
| SEND information (EHCP/School Support) |  |
| SENCO/Key worker contact information Current IEP and risk assessment |  |
| DSL and contact information |  |
| Vulnerable childSocial Worker/Key Worker contact and relevant information  |  |
| Identify vulnerability e.g.CIN, CP, CLA other. Name of contact if not stated above |  |
| Previous Involvement with Outside Agencies and contact details |  |
| Languages Spoken at Home |  |
| Special Dietary Requirements |  |
| Things I need help with |  |
| Any other information |  |

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| **Child on a Page for the primary phase and any child that would benefit form this information being shared** |
| My name is… |  |
| These people live with me… |  |
| These people are special to me… |  |
| Friends I like to play with are… |  |
| My favourite things to do at school are… |  |
| Things I don’t like doing as much are… |  |
| I am very good at… |  |
| Sometimes I need help with… |  |
| My special interests are… |  |