

**School History Form (Primary)**

**This section must be completed and signed by the headteacher at your child’s current or most recent school**

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| **Pupil ID:** (Office Use Only) | Click or tap here to enter text. |
| **Pupil Name:** | Click or tap here to enter text. |
| **Date of Birth:** | Click or tap to enter a date. |
| **Pupil School Year:** | Choose an item. |

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| **School History Information** |

**The information provided on this form will be used to plan for and support the child’s admission. All information**

**provided will be verified, so please provide full and accurate information in order to avoid delays.**

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| **Present or Previous School Details** |

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| **Date transfer request form received:** | Click or tap to enter a date. |
| **Dates of attendance at this school:** | **Start Date:** Click or tap to enter a date.  **End Date:** Click or tap to enter a date. |
|  | (Leave end date blank if the child is still on roll) |
| **UPN Number:** | Click or tap here to enter text. |

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| **Attendance** |

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|  |  |  | **Attendance %:** | Click or tap here to enter text. |

**If attendance was poor or less than 60%, please give the reasons why** **and what actions under ‘Working Together’ has the school done to support the family:**

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| Click or tap here to enter text. |

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| **Period Covered:** | Click or tap here to enter text. |
| **Was an attendance and welfare officer involved?** |  |
| **Name of Attendance Officer:** | Click or tap here to enter text. |
| **Telephone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

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| **Special Needs** |

If the child has an Education, Health or Care Plan (EHCP), please do not complete this application. Applications should be made directly to the SEN team, who can be contacted on 020 7364 4880 or email: specialeducational.needs@towerhamlets.gov.uk

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| **Statement/EHC Plan:** |  |
| **School Support (SS):** |  |
| **Other:** |  |

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| **Brief description of needs:** |
| Click or tap here to enter text. |

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| **Early Help Assessment (EHA)** |

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| **Has an EHA been carried out or is one being considered?** |  |

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| **If ‘Yes’, please give a brief summary of the reasons for requesting the EHA along with the details of the lead practitioner.** |
| Click or tap here to enter text. |

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| **Lead Practitioner:** | Click or tap here to enter text. |
| **Lead Practitioner Contact:** | Click or tap here to enter text. |

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| **Fair Access Protocol** |

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| **Are there any possible grounds for considering that this pupil should be transferred using the Fair Access Protocol (FAP)?** |  |

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| **If ‘Yes’, please refer to the Local Authority’s FAP arrangement and discuss with family. Please give full details of these grounds below:** |
| Click or tap here to enter text. |

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| **Plan and support for pupil’s admission into a school or guidance on appropriate educational setting for pupil:** |
| Click or tap here to enter text. |

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| **Is the pupil subject to a Child in Need Plan or a Child Protection Plan?** |  |

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| **Has the pupil had a Child in Need Plan or a Child Protection Plan within 12 months of this application?** |  |

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| **Is the pupil from the criminal justice system, known to the police, youth offending service or social care where there have been difficulties in engaging with education?** |  |

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| **If yes, please add any other comments you think we may find helpful:** |
| Click or tap here to enter text. |

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| **Social Worker’s Name:** | Click or tap here to enter text. |
| **Phone Number:** | Click or tap here to enter text. |
| **Name of Local Authority:** | Click or tap here to enter text. |

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| **Other Agencies Involved** |

**Select agencies involved. Please attach reports or provide details on an extra sheet.**

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| **Are there SIP Referrals where there are serious multi-agency concerns?** |  |

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| **If yes, please provide information below:** |
| Click or tap here to enter text. |

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| **Is the pupil in alternative provision and need to be reintegrated into mainstream education** |  |

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| **Has the pupil been permanently excluded?** |  |

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| **If yes, please provide reason(s) and dates below:** |
| Click or tap here to enter text. |

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| **Is the pupil at risk of permanent exclusion?** |  |

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| **If yes, please provide information below:** |
| Click or tap here to enter text. |

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| **Does the pupil have a history of serious behaviour difficulties as evidenced by a long-term pattern of internal and external suspensions?** |  |
| Number of days lost due to suspension in the last academic year: | Click or tap here to enter text. |
| Total number of days lost due to suspension whilst at school: | Click or tap here to enter text. |

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| **Has the child been refused a school place on the grounds of challenging behaviour?** |  |
| **Does the pupil have a pastoral support plan** |  |

**If yes, please provide dates and information below:**

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| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |

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| **Is the pupil living in a refuge or in other Relevant Accommodation?** |  |

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| **Is the pupil a carer?** |  |

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| **Is the pupil homeless?** |  |

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| **Is the pupil in formal kinship care arrangements?** |  |

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| **Is the pupil of, or who are, Gypsies, Roma, Travellers, refugees and asylum seekers?** |  |

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| **Attainment (National Curriculum Level) – KS1 & KS2** |

**Provide KS1, KS2 attainments and any comments you wish to make on the pupil’s progress**

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| Click or tap here to enter text. |

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| **Additional Information** |

**Please add any other comments you think we may find helpful:**

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| Click or tap here to enter text. |

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| **School Contact** |

**To help this child move easily into their future school, please give full contact details below so the school or local authority can discuss the above with you, if necessary. Thank you for your help in completing this form.**

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| **Name:** | Click or tap here to enter text. |
| **Telephone (including extension):** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **School Name:** | Click or tap here to enter text. |
| **Local Authority Number:** | Click or tap here to enter text. |
| **Department of Education Number:** | Click or tap here to enter text. |

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| **Your Signature:** | Click or tap here to enter text. |
|  | Signature |
| **Date:** | Click or tap to enter a date. |

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| **School Stamp:** | School Stamp |

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| **Important information – checklist for school** |

**Before returning this section to the parent please make sure you have done the following:**

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| **Met with the family and discussed the reason(s) for transfer:** |  |

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| **Completed all relevant sections of this form:** |  |

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| **Added any comments which may be relevant such as any medical or social issues relating to the child or additional support the child has been receiving in school:** |  |

**If the information provided is not sufficient we will need to contact you to discuss the reasons for transfer.**