

ADDITIONAL LEARNING NEEDS**Does the pupil have additional educational learning needs? Yes No**

Is the pupil on one of the following stages of the SEN Code of Practice for Wales:

School Action Yes No

School Action Plus Yes No

Statement of Educational Needs Yes No

Any processes/Investigations Ongoing Yes No

Does the pupil have a disability or long term medical condition? Yes No**If yes, please provide brief details****Does the pupil have any assessed emotional or behavioural Conditions that impact on learning? Yes No****If yes, please provide brief details****Has the pupil ever been excluded from their school or education Setting either on a fixed term or permanent basis? Yes No**

Number of fixed term exclusions Total Number of days

Please give reasons:

INVOLVEMENT WITH OTHER SERVICES: Please tick box and provide contact details below

Educational Psychologist		Contact Name	Tel. No.
EAL Support		Contact Name	Tel. No.
CAMHS		Contact Name	Tel. No.
Behaviour Support Service		Contact Name	Tel. No.
Hearing Support Service		Contact Name	Tel. No.
Visual Support Service		Contact Name	Tel. No.
Health Visitor		Contact Name	Tel. No.
Social Services		Contact Name	Tel. No.
Medical Consultant		Contact Name	Tel. No.
Youth Offending Service		Contact Name	Tel. No.
Other (Please specify):		Contact Name	Tel. No.

Parental Information

(In relation to a young person or child, the term “parent” includes any person who is not a parent, but who has parental responsibility or care of the child).

Parent Name Parent Name

Address: Address:

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Landline: Landline:

Mobile: Mobile:

Email address: Email address:

Relationship to Pupil: Relationship to Pupil:

**DECLARATION TO THE GOVERNING BODY OF
BISHOP VAUGHAN CATHOLIC SCHOOL**

I understand that the school is committed to the pursuit of high standards in all aspects of school life. The school philosophy is one of encouragement and reward. Nevertheless, I understand that a system of rules is necessary and that, if my child breaks school rules or behaves in an unacceptable manner, sanctions may be imposed.

Signature of Parent/Guardian:

Date:

Headteacher Section: To be completed by pupil's current or most recent school
The Headteacher (or Head of Year) at the pupil's current or any previous schools attended MUST complete this section before we can process the application. The form needs to be stamped with the school stamp. Failure to gain completion of this section will delay the application being processed.

Pupil's Name:	Date of Birth:
Present or Most Recent School:	

Does the pupil require any additional support or intervention in relation to any of the following? Please tick (If YES please include the most recent copy of IEP)		
School Action	Hearing Support Service	Visual Support Service
School Action Plus	Youth Offending Service	EAL Support
Statemented	Behaviour Support Services	Educational Psychologist
Under Assessment	CAHMS	Medical Consultant
Health Visitor	Child Protection	Child in Need
Social Services	Looked After Children	Child Sexual Exploitation
Other (Please specify)		

Please give % attendance and number of unauthorised or absences	Current Academic Year	%	Number of Unauthorised Absences	
	Previous Academic Year	%	Number of Unauthorised Absences	

Exclusion History	Number of fixed Term Exclusions		Total Number of Days	
Please give reasons and attach PSP if applicable				
Interactions with peers and staff				

KS2 Levels	KS3 Levels	CAT	
English	English	Verbal	Non-Verbal
Maths	Maths	Quantative	Mean
Science	Science		

Proposed GCSE courses – if applicable		

Has the parent discussed the transfer request with you and are there any reasons why you feel this change of school would be detrimental to the pupil in any way?

Name:

Position Held:

Signed:

Date:

School Stamp: