



Holy Trinity Church of England Primary School

Excellence in how we worship, learn and work together

Child's details – as on their birth certificate

Please provide proof of address and a copy of the child's birth certificate.

Child's first name(s) _____

Surname/Last Name _____

Child's Date of Birth _____

Current Year Group _____

Boy Girl

Are you a new arrival in Lambeth?

Does your child have a statement of SEN?

Child's home address _____

This must be the address where the child currently lives.

Child's home borough _____

Current or previous education provision (if any, e.g. primary school)

School Name: _____

School Address: _____

Please give reason/s for transfer: _____

Parents/carers details

Parent/carer 1 Title (please circle) Mr Mrs Miss Ms Other _____

First name _____

Surname _____

Relationship to child _____

Address _____

If different from child's address

Home telephone _____ Day telephone _____

Mobile _____

Email address _____

Parent/carer 2 Title (please circle) Mr Mrs Miss Ms Other _____

First name _____

Surname _____

Relationship to child _____

Address _____

If different from child's address

Home telephone _____ Day telephone _____

Mobile _____

Email address _____

Curiosity Hope **Empathy** RESILIENCE CREATIVITY *Happiness*

Social/Medical and special education needs

If you think that there are exceptional medical or social reasons why your child should attend a particular school please complete this section. Please note that you must provide professional supported evidence with this application form if there are any social/medical circumstances that you would like a school to consider with this application. You need to tick the relevant box for each school where you want the social/medical needs to be considered.

Please identify the social/medical need that your child is experiencing and state why Holy Trinity is the school that can fully meet these needs.

Nature of evidence attached e.g. GP Letter. Please ensure this is enclosed with your application.

Is this child a “looked after” or deemed as a “previously looked after” child in care of the council? (Please tick the relevant box) Yes No

Please note: A previously looked after child is a child who was looked after, but ceased to be so because they were adopted (or became subject to a residence order or special guardianship order) immediately following having been looked after. Any child adopted before 1st September 2005 will not be regarded as previously looked after.

If yes, what borough is the child looked after by? _____

Social worker’s name _____

You must attach a letter from the child’s social worker confirming this child’s status as “looked after child” to this form.

Please tick the relevant box that relates to you and fill in the details:

If you are a new arrival into the UK, please specify country_____

New arrival from another area within the UK
(specify borough/town/county) _____

Details of any siblings (brother or sister) attending this school who will still be here next term:

Sibling's first name _____ Sibling's surname _____

I understand that any false or deliberately misleading information given on this form and/or supporting information may render this application invalid, or lead to the offer of a place being withdrawn.

Parent's/carer's signature _____ Date _____

Information supplied will be used for registered purposes under the Data Protection Act 1998.

Reason for Transfer

Please outline in full the reasons why you want your child to be transferred to Holy Trinity CE Primary School.

Briefly outline of what the child and parent/carer and school staff have done to address concerns/issues raised.

Child and parent/carer

School staff

To be completed by senior staff at the child's current school.

Do you support the reason for transfer to another school?

YES

NO

Please provide a brief explanation why:

This form needs to be authorised by a member of school senior management Team.

Staff signature _____ Date _____

Name (Capitals) _____ Position _____

School stamp