

## Mid-Year School Transfers Application

To be completed by parent/carer and returned to Woodlands Academy of Learning

### Child's Details

**Legal Surname:** \_\_\_\_\_

**Forename:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Male/Female** **Current Year Group:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Moving to:** \_\_\_\_\_  
(If applicable)

#### Parent(s)/Carers(s)

Contact 1.  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Telephone No's:** **Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

Contact 2.  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Telephone No's:** **Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Name of Headteacher and Class Teacher**

\_\_\_\_\_

**Reason for requesting a transfer from the current school** \_\_\_\_\_

\_\_\_\_\_

**Does your child have any health/medical issues the school should be aware of? YES/NO**

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

**Does your child have a Statement of Special Educational Needs or Educational Health Care Plan? YES/NO** (if yes, please complete below)

Name of the Local Authority that issued the Statement/EHCP: \_\_\_\_\_

**Is your child in Public Care (looked after child)? YES/NO** (if yes, please complete below)

Name of Council or Social worker responsible for your child: \_\_\_\_\_

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**Please return to:** Administration Office  
Woodlands Academy of Learning School  
Bloxwich Road North  
Short Heath  
WILLENHALL WV12 5PR

*For completion by the Admissions Team - Woodlands Academy of Learning:*

Place Available? Yes / No

Placed on waiting list? Yes / No      Review Date: \_\_\_\_\_

Or

Place allocated from: \_\_\_\_\_

Year and Registration Group: \_\_\_\_\_

Class Teacher: \_\_\_\_\_

**S2S Communication**

Contacts Name: \_\_\_\_\_

Current attendance: \_\_\_\_\_%

Current Levels: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_