**Return to:**

**SEN Casework and Development Team**

**The Civic Offices**

**1 Saxon Gate East**

**Milton Keynes MK9 3EJ**

**SEN Transfer In request**

Please use BLOCK CAPITALS

\* NOTE: Forms will be returned if fields marked with an \* are blank which may delay processing school placement requests.

|  |
| --- |
| **Pupil details** |
| First Name\*: |       | Surname \*: |       |
| Middle Name(s): |       | Date of Birth\*: |       | Male [ ] Female [ ]  |
| New Address\*: |       | Address you are moving out from\*: |       |
| Moving in Date\*: |       | Previous Local Authority or country\*: |       |
| Name of school pupil was attending and contact details (if known): |       | Type of school attending? | [ ]  Academy [ ]  Mainstream[ ]  Department place[ ]  Special school [ ]  Other please state:  |
| If moving from England, Wales or Northern Ireland does the pupil have a: [ ]  Statement of Education Needs [ ]  Education, Health and Care Plan (EHCP)[ ]  or are part way through an EHCP assessment*1.***Please attach the latest copy if possible.** *1 Note: there are many types of special needs assessments; however, unless the pupil has a Statement, EHCP or is being assessed for an EHCP you must apply to School Admissions first.* | What is the pupil’s main category of need /condition?       |
| **Parent/carer 1 details** |
| Title\*: |       | First Name\*: |       | Surname\*: |       |
| Email Address: |       | Telephone number: |       |
| Relationship: | [ ]  Mother [ ]  Father [ ]  Other please state:       |
| **Parent/carer 2 details** |
| Title: |       | First name: |       | Surname: |       |
| Address (if different from above): |       | Email Address: |       |
| Postcode: |       | Telephone number: |       |
| Relationship: | [ ]  Mother [ ]  Father [ ]  Other please state:       |
| **If you have managed to look at schools in Milton Keynes which are your preferred schools or type of school?**  |
| 1st choice school or school type (e.g. mainstream): |       |
| 2nd choice school or school type |       |
| 3rd choice school: |       |
| **Further details** |
| Have you notified your previous authority of your moving date? [ ]  Yes [ ]  No  |
| Are any other professionals involved with supporting Education and or Health Needs?[ ]  Speech and Language [ ]  Specialist Teaching[ ]  Hearing [ ]  Occupational Therapy [ ]  Visual [ ]  Physiotherapist[ ]  Mental Health [ ]  Social Services[ ]  Other please state:       |
| If the pupil is a Looked After Child (LAC) which Local Authority is responsible?      What is the name of the Social Worker involved?       Contact details:       |
| Is there anything else you need us to be aware of ?:      |
| **If you have any supporting documentation such as latest copies of Statement of Need, Education and Health Care Plan, last annual review, school reports or Individual Education Plan (IEP), please attach a copy.** |
| **Please provide documentary evidence of your permanent address in Milton Keynes i.e Bank statement, rental contract / Solicitors exchange of contract letter. Without evidence we are unable to process your transfer request. Please send your proof of address attached to this form.** |
| **Completed by:**       | **Date:**       |

For Office Use Only

|  |  |  |
| --- | --- | --- |
| Date added to Capita ONE: | Involvement Type: | Date file requested from OLA |
|  |  |  |