**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 |
|  |  |  |