**Headteacher statement from current/previous school**

Headteachers or their representatives are asked to complete this form as part of a parent’s application for applying for a school place in year. Where a child has not yet left the school, it provides schools with a useful opportunity to:

* discuss the reasons for the child leaving the school
* explore with the parent whether it might be in the child’s best interests to remain at the school.

Schools are asked to continue on a separate sheet if necessary.

|  |  |
| --- | --- |
| 1. **Name of school completing this form**
 |  |
| 1. **Child’s name**
 |  | **DOB** | DD / MM / YYYY |
| 1. **Child’s current chronological year group**
 |  |
| 1. **Was/is this child being taught out of year group?**
 | Yes/No |
| 1. **On what date was this child put on roll at your school?**
 | DD / MM / YYYY |
| 1. **On what date did this child last attend your school?**
 | DD / MM / YYYY |
| 1. **Is this child still on roll at your school?**
 | Yes/No |
| *If* ***no****, on what date was the child taken off roll?* | DD / MM / YYYY |
| *What were the reasons given for leaving?* |
| 1. **If this child has not yet left your school, have you discussed with the parent their reasons for wishing to change school?**
 | Yes/No |
| *If* ***yes****, please give details of those reasons:* |
| 1. **Do you need believe that a change of school is in the child’s best interests?**
 | Yes/No |
| *Please provide the reasons for your answer:* |
| 1. ***In your view, is there any action that the school might take to prevent a change of school?***
 | *Yes/No* |
| *Please provide the reasons for your answer:* |
| 1. ***Child’s Attendance rate***
 | *Current academic year:* ***%*** | *Previous academic year: %* |
| *If beneath 85%:** *What may have affected attendance?*
* *Did you make a referral/seek support from the Education Welfare service? Yes/No*
* *If Yes, please provide details:*
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| 1. **Does the child have any special educational needs or disability but without an ECHP?** Yes/No
 |
| *If* ***yes,*** *what category:* |
| 1. **Has this child had any exclusions whilst attending your school?**
 | Yes/No |
| *If* ***yes****, please provide dates and reasons below:* |  |
| *Dates* | *Length (days)* | *Reason* |
| MM / YYYY **to** MM / YYYY |  |  |
| MM / YYYY **to** MM / YYYY |  |  |
| MM / YYYY **to** MM / YYYY |  |  |
|  |  |  |
| 1. **If the parent has given ‘bullying’ as a reason for leaving or transferring, please give details below, including actions taken by the school**
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|  |
| **o) Have you had cause to liaise with any professionals/educational specialists regarding this child?** | Yes/No |
| *If* ***yes****, please indicate the services involved and the reasons:* |  |
| **p) In considering this application for a school place, please provide any other comments that might be relevant to this child’s school placement/level of support required** |
|  |
| **Headteacher declaration**I declare that this form has been completed to the best of my knowledge and belief and includes all information that is relevant to the child’s application for a new school place |
| Name |  | School stamp |
| Position within school |  |  |
| Name of school |  |
| Telephone number |  |
| Email address |  |
| Date | DD / MM / YYYY |

**YOU SHOULD NOW PASS OR SEND THIS FORM BACK TO THE PARENT**