

Student Detail Form

This form should be completed by the relevant person and signed by the Headteacher. It can be filled electronically or by hand and then returned to the parents.

If not received when the application is submitted this will delay the process of their application, please ensure all the sections of this form are fully completed.

The information will be collected and used under Data Protection Legislation as part of The Council's public task. Further details about how we use this data and the rights you have around this be found at www.peterborough.gov.uk/privacy

Student name:	Date of Birth:
Current School:	Starting Date at the School:
Does this student have an EHA	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes – Starting Date: Information:	

Attendance Details

Attendance %:	Period Covered:
Punctuality: Good <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/>	
If below 90% please provide further information:	
EWO involvement: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Special Needs

SEND Support:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Further information:	
IEP:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, start date: Further information:
EHCP:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, start date: Further information:

Other Agencies Involved

Educational Psychologist:	Yes <input type="checkbox"/> No <input type="checkbox"/>
In school support / specialist teacher	Yes <input type="checkbox"/> No <input type="checkbox"/>
Education Other Than in School:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide further information: Where: When:	
Social Worker:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name: Contact Details:
ESLAC:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Locality Team:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Strategies PSP	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes. please provide the following information: Date: Reason:

Fixed Term Exclusions	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes. please provide the following information: Date: _____ Reasons: _____
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Discussion with the School

Has this transfer been discussed?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, provide further information: _____
Does the School support the parent's request?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, provide further information: _____
Would a transfer be detrimental to the student	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide further information below: _____

Please add further information you think we may find helpful:

Headteacher signature: Name: _____ Date: _____	Email address: _____ Telephone: _____ School Stamp: _____
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Please scan or take a photo of this form and attach to your online application.