

In-Year Additional Information Request

Parents / Carers are asked to pass this form to their child's current school for completion.
 Please note that we are unable to proceed with any in year application until receipt of this completed form.

Student & School Details

Student's Name		Date of Birth	
Current Year Group		Gender	
Student's address			
UPN		PPG	Y / N
Current School			
School Address			
Telephone Number		School E-mail	
Admission date		Leaving date (if applicable)	
Main Contact Position		Main Contact E-mail	
FSM	Yes / No	PPG	Yes / No

Subjects Studied Relevant Data

Subject	Exam Board (if applicable)	Level	Target Grade / Level	Progress (+ = -)
Maths				
English				

Academic Data

CATS		Date taken	
Verbal		Quantitative	
Non-Verbal		Spatial	
Reading age		Spelling age	

SEN (Please attach reports and / or provide further details as required)

SEN Register	Yes / No	SEN Code	
EHCP	Not applicable () Partially completed ()	Awaiting approval ()	In place ()
Additional Information – Please provide specific of any agencies involved, including lead professional name & contact:			

Attendance

Attendance (%)		Period covered	
Unauthorised Count		Authorised Count	
Punctuality	Good – Average - Poor	AIO involved?	Yes / No

Behaviour

Specific B4L Concerns <i>(Please indicate all that apply)</i>				
Chatting in class / low level disruption	Lack of effort within class		Not prepared for learning (equipment / homework)	Poor punctuality to lessons
Aggressive physical behaviour towards peers	Aggressive verbal behaviour towards peers		Persistent disruptive behaviour	Drugs, knives, gang involvement
Aggressive physical behaviour towards staff	Aggressive verbal behaviour towards staff		Ongoing defiance	Sexualised behaviour
Theft	Drug related	Other – please provide details:		
Fixed Term Exclusions				
Total FTE Days: Year To Date			Total FTE: All School	
<i>Please outline details of all FTE incidents below:</i>				
Date	Reason			Total Days
Considered at risk of PEX?	Yes / No		PSP In Place?	Yes / No

Outside Agency Involvement

Educational Psychologist Service	Yes / No	Social Worker	Yes / No
Behaviour Support Outreach	Yes / No	Family Support Team	Yes / No
Educational Support Centre Rest bite	Yes / No	Refugee & Traveller Team	Yes / No
Integration Team	Yes / No	Looked After Team	Yes / No
Police	Yes / No	Minority Ethnic Curriculum Support service	Yes / No
TYSS	Yes / No	Families First Assessment	Yes / No
CAMHS / Counselling	Yes / No	Child Protection Concerns	Yes / No
Other:			
Additional Information – Please provide specific of any agencies involved, including lead professional name & contact:			

Other Information

Family background and home school relationship:
Relationship with staff and students:
Any other information you think will be useful for a successful transition:

Please return this form to the Admissions Officer at St. Mary’s CofE High School via email to admissions@st-maryshigh.herts.sch.uk or fax to **01992 643354**

Signed: _____ Position: _____ Date: _____