Outcomes Matter. Learning Matters. People Matter.

## **SALE** HIGH SCHOOL



## **In-Year Transfer Application Form**

CHILD DETAILS	Surname:			Forename:			
CHILD DETAILS				<del> </del>			
Year group applying for:	ear group applying for: Date of		Birth:	Male / Fema	ale / Female		
Current Address: (The child's normal place of reside			nce)	Address to which child is moving: (if applicable)			
				Postcode:			
Postcode:		Date of Moving:					
School currently attending / last school attended:							
Date child left previous school (i	f applicable):						
Date place at Sale High School r	equired:						
Reason for the In-year Transfer	applicatio	n*:					
*Please note: if your child has been permanently excluded, there is a specific process in place for such circumstances. This, however, does not affect your right to apply to other schools. If this situation applies to your child, please contact the Admissions Officer to discuss.							
to apply to other schools. If this situation ap	plies to your	child, please co	ontact the Admissio	ns Officer to discu	SS.		
to apply to other schools. If this situation ap	phies to your	cniid, piease co	ontact the Admissio	ns Officer to discu	SS.		
				ns Officer to discu	Yes	No	
Is your child currently, or has (s)	he ever b	een, "Look	ed after" by a	ns Officer to discu		No	
Is your child currently, or has (s)	he ever b	een, "Look		ns Officer to discu		No	
Is your child currently, or has (s) local Authority?  If 'Yes  Does your child have an EHCP [8]	he ever b	een, "Look rovide writte al Health Ca	ed after" by a en evidence. are Plan],	ns Officer to discu		No	
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Please return completed forms to the Admissions Officer, either by post (Sale High School, Norris Road, Sale, Manchester M33 3JR) or via email admissions@salehighschool.org.uk

Postcode:	Email address:				