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| **TRANSFER OF PUPILS BETWEEN KEY PHASES OF EDUCATION - SEPTEMBER 2024**Preference form for children with Education, Health and Care (EHC) plans |  |

SECTION A - YOUR CHILD

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| --- | --- |
| **Name of Child** |  |
| **Date of Birth** |  | **Gender** | Male\* / Female\* |

\*Delete as appropriate

|  |  |
| --- | --- |
| **Child’s Address** |  |
|  | **Post Code** |  |
| **How long have you lived at the above address?** |  |

**Note**: You may be asked by the Local Authority to provide evidence of a change of address e.g. exchange of contracts, rental agreement etc.

|  |  |
| --- | --- |
| **Nursery/School Currently Attending / Last Attended** |  |

|  |  |  |
| --- | --- | --- |
| **Parent/Carer Contact Details** | **E-mail** |  |
| **Home Tel. No.** |  | **Work Tel. No.** |  | **Mobile No.** |  |

## SECTION B – PARTICULAR CIRCUMSTANCES OF YOUR CHILD

**Please tick this box only if your child is looked after by the Local Authority** [ ]

A Child Looked After is a person under the age of 18 who is provided with accommodation by the local authority acting in its social services capacity, for a continuous period of more than 24 hours, by agreement with the parents or in accordance with Section 22 of the Children’s Act 1989.

**Please tick this box if your child has been previously looked after by the Local Authority**. [ ]

A Previously Child Looked After refers to children who immediately after being looked after became subject to an adoption order, a residence order (under section 8 of the Children Act 1989), or a special guardianship order (under section 14A of the Children Act 1989). Children looked after under an agreed series of short term placements (respite care) are excluded.

**SECTION C – DECLARATION**

Name of the parent/carer completing this form (Please complete and sign) \*delete as applicable

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | Mr /Mrs /Ms /Miss\* | **Other – please specify** |  |
| **First Name** |  | **Surname** |  |
| **Your relationship to the pupil**  | Mother /Father /Carer \* | **Other – please specify** |  |
| **Your address if different from child** |  |  |  |

* I declare that all information I have given is correct. I understand that false or fraudulent information may result in my child losing his/her school place.
* I have parental responsibility for the child and have checked that all those with parental responsibility are in agreement with the information presented on this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature**  |  | **Date** |  |

**SECTION D - PREFERENCES - PLEASE LIST UP TO THREE SCHOOLS IN RANK ORDER**

|  |
| --- |
| **First Preference**: …………………………………………………………………………………………..……………………………… |
| **Reason for your preference:**(please continue on a separate sheet if needed) |
| **If you have expressed a preference for a special school please also identify a mainstream school in the event that it is not possible to allocate a place at your preferred special school.** |

|  |
| --- |
| **Second Preference**: …………………………………………………………………………………………..……………………………… |
| **Reason for your preference:** |

**Other exceptional reasons**

Please provide details of any exceptional family circumstances you feel should be considered in support of your preferences.

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**Details of evidence provided:**..........................................................................................................................................

**Medical factors**

Please provide full details of any medical factors you think should be considered.

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**Details of evidence provided:**………………………………………………………………………………………………...

**Please return this form** **no later than 31 July 2023.**

**By email:** SEND@hullcc.gov.uk

**Post:** SEND Assessment & Review Team, 79 Lowgate, Hull. HU1 1HP

**If you require any assistance completing this form please ring the above team on 01482 616007**

For information and advice for people 0-25 with special educational needs and/or disabilities in Hull please visit – [Hull Local Offer](http://hull.mylocaloffer.org/s4s/WhereILive/Council?pageId=3018)

