



Longford Park School

Believe • Belong • Become

LONGFORD PARK SCHOOL TRANSFER PROGRAMME Referral Application

To be completed by school or other agency

Pupil:	Forename:	Surname:
DOB:		
Year Group:		

Parent / Carer:	
Address:	
Tel. No:	Work Tel. No:

Reason for Referral:
Concerns regarding transition
Has the pupil been excluded during primary school Yes / No <i>(if yes please give full details – including previous exclusions)</i>

Current school:-

.....

School transferring to:-

.....

Name of siblings currently attending this secondary school:-

.....

.....

.....

Attendance / punctuality:

.....

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.....

Relationship with teachers / other adults:

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Academic progress:

Strengths:

Weaknesses:

N.C. Levels (Core subjects):

Pupil's perceptions:

What does the pupil like / is good at?

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How does the pupil get on with his / her peers?

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Health & Other agencies:

Any relevant health/medical issues:

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Other agency involvement:

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Is there any other information which you consider to be relevant to this application?
e.g LAC

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Completed by:

Date: