

*Primary Transfer Preference Form for Children with an
Education Health and Care Plan (EHCP)*

Child Details	
Name of child	
Date of birth (DD/MM/YYYY)	
Address	
Current school of child	
Parent/carer details 1	
Name	
Telephone	
Email	
Parent/carer details 2	
Name	
Telephone	
Email	
<u>Preferred choice of Primary school</u>	
<p>Include any requests for schools in other Local Authorities Please state 'ERP' if it is the Enhanced Resource at Haxby Road School you are applying for (please note there is not a separate ERP at Lakeside School – this is a class from the ERP at Haxby Road) When not selected in your preferences, the child's nearest suitable school will always be consulted as a matter of procedure.</p>	
1st preference- School name	
2nd preference- School name	
3rd preference- School name	
4th preference- School name	
5th preference- School name	
Additional information	

Please tick	Declaration	
	I confirm that I wish for the above schools to be considered for naming on my child's Education, Health & Care Plan.	
	I certify that I am the person with parental responsibility and this pupil lives permanently in City of York	
	I understand that City of York Council will consult with the schools of my choice and share information as required under the provisions of the Children & Families Act 2014 and the DfES guidance on Special Educational Needs before naming a school on my child's EHC Plan	
	I confirm that I have read and understood the SEND Team privacy notice and that my personal information will be used as described in it Special Educational Needs and Inclusion Services Privacy Notice – City of York Council	
Signature of parent / carer		
Date		