#### **City of York Council website home page – City of York CouncilSecondary 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 | |  |
| **Preferred choice of secondary school** Include any requests for schools in other Local Authorities Please state ‘ERP’ if it is the Enhanced Resource at Huntington, Fulford or Jo Ro which you are applying for.  Please note the satellites at both Manor and Millthorpe are Applefields’ classes and cannot be requested as a preference.  **When not selected in your preferences, the child's nearest suitable school will always be consulted as a matter of procedure.** | | |
| 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](https://www.york.gov.uk/privacy/SpecialEducationalNeeds) | |
|  |  | |
| **Signature of parent / carer** | |  |
| **Date** | |  |