

PASTORAL CARE TRANSFER INFORMATION

This form should be completed and sent to the receiving school when a pupil is transferring from one school to another. It should be treated as confidential and its content shared and stored in accordance with Data Protection and Child Protection Policies regarding sensitive and confidential information.

NAME OF PUPIL:

SCHOOL ATTENDED:

PARENTAL CONTACT:
(Name/Number)

CLASS TEACHER'S NAME:

PASTORAL CARE TEACHER'S NAME:

NATURE OF NEED:

Medical Educational Personal/social/emotional

Background Information:

Summary of action taken by school date:

Action to be taken:

Completed by:

Designation:

Date: