**Fife College – School Transition Form **

**Session 2020-21 (January Starts) and 2021-22**

**Section 1 - Personal Details**

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| Applicant name: | Click here to enter text. | DOB: | Click here to enter a date. |
| SQA ID number: | Click here to enter text. | School Leaving Date: | Click here to enter a date. |
| School Name: | Choose an item. |
| School contact name: | Click here to enter text. |
| Telephone number: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Attendance percentage: | Click here to enter text. | Current timetabled Hours per week: | Click here to enter text. |
| Please state if applicant is Care Experienced or Young Carer: | Choose an item. |
| **\***Is the applicant entitled to free school meals?  | YES [ ]  NO [ ]  |

***\* Applicants who remain on school systems until the end of December due to date of birth but have completed 4 years of secondary education previously known as Winter Leavers, Early Birds etc.***

**Section 2 – Additional Information**

Please state below any further information that would be relevant to the college environment.

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| Click here to enter text. |

**Section 3 – Additional Support Needs
Only complete Section 3 for applicants requiring additional support. Please ensure that you have the applicants consent to share this information.**

|  |  |
| --- | --- |
| Diagnosed condition – learning and/or medical:  | Click here to enter text. |
| Please detail support provided at school in relation to condition including adaptations and equipment: | Click here to enter text. |
| Please detail support provided out-with class (travel/personal care etc.): | Click here to enter text. |
| Please detail alternative assessment arrangements provided at school: | Click here to enter text. |
| If extra time allocated for assessments, please state duration: | Click here to enter text. |
| Fife College staff members are not permitted to administer medication however, notification of medication is required. Please state any prescribed medications if carried by applicant: | Click here to enter text. |
| Does the applicant have mobility difficulties i.e. wheelchair user? If yes, please state necessary details: | Click here to enter text. |

Please note that this information will be shared with relevant college staff to provide appropriate care and support.

Send completed forms to: transitions@fife.ac.uk

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| **Document Change History – do not delete** |
| **Document Version** | **Section****(No. or Heading)** | **Description of change(s)** | **Date of change** |
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| 2 | First Heading | Session year updated | Nov 18 |