### [Insert school’s logo and details here]

**Private and Confidential**

**[Parent’s name and address]**

**[Date]**

Dear Parent,

**RE: Parental Agreement to Supported Transfer to another school**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Pupil** |  | **Year Group** |  |

Coventry Headteachers and Coventry City Council believe that a successful mainstream placement offers the best opportunities for the future life chances of our young people. We have agreed a Supported Transfer process for pupils at **risk of** permanent exclusion and to facilitate the smooth transition from one mainstream placement to another.

|  |  |  |
| --- | --- | --- |
| I am aware that my child is **at risk** of permanent exclusion from his/her current school | **YES** | **NO** |
|  | School, please tick the appropriate box |
| This is because of your child’s persistent disruptive behaviour |  |  |
| **or** |  |  |
| This is because of a serious one-off offence |  |  |
| **or** |  |  |
| Other – please specify |  |  |

I agree to my child accessing a Supported Transfer to another mainstream school under the Supported Transfer Process. I understand that if this is not successful my child will return to the original school.

My child’s current school has devised a supported transfer plan that includes a move to another school plus intervention support from other professional services where agreed, such as Education Psychology team, YOS, Social Services. This will be reviewed and discussed with you as part of the supported transfer process.

We will use the information you provide to give advice and follow the Supported Transfer process. As part of this, we (the school) and the local authority may need to share your information provided with other schools and services. More information on how we handle personal information and your rights under the data protection legislation can be found in the local authority’s Privacy Notice.

|  |  |
| --- | --- |
| **Signature of parent/carer:** |  |
| **Please print name:** |  |
| **Contact telephone number:** |  |

Yours sincerely

### [Signature]