**Permanent Managed Move**

**Parent/Carer Agreement**

**Part A**

If you are happy with the managed move and feel that the placement will be of benefit to your child, please complete the following:

* I have read the information given to me, namely the managed move protocols and believe it would benefit ………     ………………...........(name of child)
* I understand that all school records discussed, including Part C of the is agreement, and those documents referred to in the managed move protocols can be transferred with immediate effect and any remaining school records will be transferred once my child has started their new school.
* I agree to the managed move commencing as indicated in Part B of this agreement

Signed:…………………………………………………. Date:..................................…

**Comments or notes from Parent/Carer:**

|  |
| --- |
|  |

**Permanent Managed Move**

**Parent/Carer Agreement**

**Part B**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of child:** | | |  | | | | | | | | | | | | | | |
| **Date of birth:** |  | | **School year:** | |  | **Gender:** | | |  | **LAC:** | | |  | **FSM:** |  | |
| **Current Home School:** | | |  | | | | | | | | | | | | | |
| **New School:** | | |  | | | | | | | | | | | | | |
| **Date move to commence:** | |  | | | | | **Expected End Date:** | | | |  | | | | |
| **Reason this transfer is being supported as a managed move** | | | | | | | | | | | | | | | | |
| [detail the reason for the managed move and explain why it is thought a managed move will be beneficial to the child] | | | | | | | | | | | | | | | | |
| **Signed on behalf of referring school** | | | | **Signed on behalf of receiving school** | | | | | | | | **Signed on behalf of L.A. (if applicable)** | | | | |
| **Date:** | | | | **Date:** | | | | | | | | **Date:** | | | | |
| **Signed by parent/carer** | | | | | | | | **Signed by child** | | | | | | | | |
| **Date:** | | | | | | | | **Date:** | | | | | | | | |

**N.B. a copy of this form should be forwarded to the TfC Representative,** [**Shelley.Robson@togetherforchildren.org.uk**](mailto:Shelley.Robson@togetherforchildren.org.uk)