

The Linden Centre

**File Transfer Sheet**

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| **Name of child:** |  | **Date of birth:** |  |
| **Ethnicity:**  |  | **Address:**  |  |
| **Parents / Carers:** |  | **Previous Address:** |  |
| **Is the child subject to a child protection plan?** |  | **Contact telephone number(s):** |  |

**Details of the transfer:**

|  |  |  |
| --- | --- | --- |
| **Name of professional accepting the file & Role** | **Details of file for transfer**  | **Date received by new school** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of receiving professional:** |  | **Print Name:** |  | **Date:** |
| **Signature of delivering professional:** |  | **Print Name:** |  | **Date:** |