**In Year Admission to Lancashire Schools**

**Application Form**

This form **must** be completed in relation to **all** applications for in year admissions to any Lancashire school. It **must** also be completed in relation to transfer request between any Lancashire schools. You **must** complete an application for every child (ie one each for twins) who requires a school place.

|  |  |
| --- | --- |
| **A.** | **SCHOOL PREFERENCES (In Priority Order)** |
|  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **B.** | **GENERAL DETAILS OF PUPIL** |
|  |  |
|  | Surname: |       | **Parent's Email address:** |       |
|  |
|  | Forename(s) |       |
|  |
|  | Male [ ]  Female [ ]  |
|  |  |
|  | Pupil Address: ***(Current)*** |       |
|  |  |  |  |
|  |       | Postcode: |       |
|  |  |  |  |
|  | **If moving into the area, please state the address you are moving to:** |
|  |  |  |
|  | Pupil Address: ***(moving to)*** |       |
|  |  |  |  |  |  |
|  |       | Postcode: |       | Likely date of move |       |
|  |  |  |  |  |  |
|  | Date of Birth: |       | School Year Group: |       | (Yr 7, Yr 8 etc) |
|  |  |
|  | Name of Parents/Carers: |       |
|  |  |  |
|  | Telephone: |       |
|  |  |  |
|  | Pupil Address: ***(Previous)*** |       |
|  |  |  |  |
|  |       | Postcode: |       |
|  |  |  |  |  |  |
|  | Religious Affiliation | RomanCatholic [ ]  | Church of England [ ]  | Other: |       |
|  |  |  |
|  | Parents'/Carers' Address: |       |
|  | *(If different from pupil's)* |       |
|  |  |  |
|  | **Previous Schools/Educational Placements** |
|  |  |
|  | **Authority** | **Establishment Name/****Address** | **From** | **To** | **Tel No** |
|  |       |       |       |       |       |
|  |       |       |       |       |       |
|  |       |       |       |       |       |
|  |       |       |       |       |       |
|  |
|  |
| **C.** | **SIBLINGS AT THE SAME SCHOOL** |
|  |  |
|  | Details of siblings who will be attending the school now being applied for. (*Siblings includes brothers and sisters, stepchildren, half brothers and sisters, adopted and foster children living with the same family* ***at******the same address).*** |
|  | **Name(s)** | **Date of Birth** | **School** | **Female** | **Male** |
|  |       |       |       | [ ]  | [ ]  |
|  |       |       |       | [ ]  | [ ]  |
|  |       |       |       | [ ]  | [ ]  |
|  |  |
| **D.** | **PUPIL BACKGROUND** |
|  |  |
|  | **(Previous Education/Support History *(Please tick as appropriate)*** |
|  |  | **Contact Name** | **Contact No** |
|  | Is this pupil in care (looked after)? | **Yes** [ ]  |  |  |
|  | If yes, to which Local Authority |  |
|  | Children's Services involvement? (Social Worker) | **Yes** [ ]  |  |  |
|  | Previously Permanently Excluded? | **Yes** [ ]  |  |  |
|  | Previous Exclusion Record? | **Yes** [ ]  |  |  |
|  |  |  |  |
|  | Special Educational Needs Status | Full Statement of SEN | [ ]  |  |  |
|  | (SEN) | Under Formal Assessment | [ ]  |
|  |  | Enhanced Action/Funding | [ ]  |
|  |  | School Action + | [ ]  |
|  |  | School Action | [ ]  |
|  |  | **Contact Name** | **Contact No** |
|  | Non Attendance (over one term) | **Yes**[ ]  |  |  |
|  | CME Involvement? (non attendance) | **Yes** **[ ]**  |  |  |
|  | CAMHS Involvement? (adolescent mental health) | **Yes** [ ]  |  |  |
|  | Health Authority Involvement? | **Yes** [ ]  |  |  |
|  | Youth Offending Team Involvement? | **Yes**  **[ ]**  |  |  |
|  | Traveller Education Service Involvement? | **Yes** [ ]  |  |  |
|  | Secure Unit Placement | **Yes** [ ]  |  |  |
|  | GRIP Support | **Yes** [ ]  |  |  |
|  |  |  |  |
|  | Other (Please give brief details) |  |
|  |  |
|  | **For information:** | CME | = children missing education (non attendance) |
|  |  | CAMHS | = community adolescent mental health service |
|  |  | GRIP | = group intervention panel |
|  |  |
|  | **Additional Information About Your Application/School Preferences** |
|  |  |
|  | Additional information to support your application may be provided. This can be medical, social and welfare information relating to the pupil and/or the family. Evidence from an appropriate professional (eg doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary. |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **E.** | **Signature(s)** |
|  | I/We confirm that the information provided is accurate at the time of this application. I/We acknowledge that the admission authority and/or Local Authority have the right to verify the information given on this application. I/we acknowledge that the offer of a place will be based upon this application and that an offer may be withdrawn if subsequently it is found to have been made in relation to inaccurate or misleading information. I/we will provide evidence of the pupil's permanent address and date of birth prior to or after taking up a school place if requested. |
|  |  |
|  | **Parent(s)/Carer(s)** |  | **Date:** |  |
|  |  |  |  |  |
|  | **Parent(s)/Carer(s)** |  | **Date:** |  |
|  |  |

Submit this application **immediately** to your Area Pupil Access Team at:

|  |  |
| --- | --- |
|  |  |
| **NORTH**  | **(Lancaster, Wyre and The Fylde)** |
|  | **Email:** | **pupilaccessteam.north@lancashire.gov.uk** |  |  |
|  | **Education Office, PO Box 606, White Cross, Lancaster, LA1 3SQ****Tel: Primary: 01524 581112 Secondary: 01524 581163** |
|  |  |  |  |
| **SOUTH** | **(Preston, South Ribble, West Lancashire and Chorley)** |  |  |
|  | **Email:** | **p****upilaccess.southadmissions@lancashire.gov.uk** |  |  |
|  | **Education Office, East Cliff, Preston, PR1 3JT****Tel: Primary: 01772 532191 Secondary: 01772 531813** |  |  |
|  |  |  |  |
| **EAST** | **(Ribble Valley, Hyndburn, Burnley, Pendle and Rossendale)** |  |  |
|  | **Email:** | **pupil.accesseast@lancashire.gov.uk** |  |  |
|  | **Education Office, 44 Union Street, Accrington, BB5 1PL****Tel: Primary: 01254 220742 and 220709 Secondary: 01254 220718** |

In Year Admission to Lancashire Schools

Application Form Updated January 2014