



Appley Bridge All Saints CE Primary School  
 Finch Lane  
 Appley Bridge  
 WIGAN  
 WN6 9DT



## 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. GENERAL DETAILS OF PUPIL				
Surname: _____	Parent's Email address: _____			
Forename(s) _____				
Male <input type="checkbox"/> Female <input type="checkbox"/>				
Pupil Address: ( <i>Current</i> ) _____				
	Postcode: _____			
<b>If moving into the area, please state the address you are moving to:</b>				
Pupil Address: ( <i>moving to</i> ) _____				
	Postcode: _____		Likely date of move _____	
Date of Birth: _____	School Year Group: _____			(Yr 7, Yr 8 etc)
Name of Parents/Carers: _____				
Telephone: _____				
Pupil Address: ( <i>Previous</i> ) _____				
	Postcode: _____			
Religious Affiliation	Roman Catholic <input type="checkbox"/>	Church of England <input type="checkbox"/>	Other: _____	
Parents'/Carers' Address: _____				
( <i>If different from pupil's</i> ) _____				
<b>Previous Schools/Educational Placements</b>				
<b>Authority</b>	<b>Establishment Name/Address</b>	<b>From</b>	<b>To</b>	<b>Tel No</b>
B. SIBLINGS AT THE SAME SCHOOL				
Details of siblings who will be attending the school now being applied for. ( <i>Siblings includes brothers and sisters, stepchildren, half brothers and sisters, adopted and foster children living with the same family at the same address</i> ).				
<b>Name(s)</b>	<b>Date of Birth</b>	<b>School</b>	<b>Female</b>	<b>Male</b>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
C. PUPIL BACKGROUND				
<b>(Previous Education/Support History (Please tick as appropriate))</b>				
Is this pupil in care (looked after)?	Yes <input type="checkbox"/>	<b>Contact Name</b>	<b>Contact No</b>	
If yes, to which Local Authority				
Children's Services involvement? (Social Worker)		Yes <input type="checkbox"/>		
Previously Permanently Excluded?		Yes <input type="checkbox"/>		
Previous Exclusion Record?		Yes <input type="checkbox"/>		
Special Educational Needs Status (SEN)	Full Statement of SEN	<input type="checkbox"/>		
	Under Formal Assessment	<input type="checkbox"/>		

Enhanced Action/Funding	<input type="checkbox"/>		
School Action +	<input type="checkbox"/>		
School Action	<input type="checkbox"/>		

Non Attendance (over one term)	Yes	<input type="checkbox"/>		
CME Involvement? (non attendance)	Yes	<input type="checkbox"/>		
CAMHS Involvement? (adolescent mental health)	Yes	<input type="checkbox"/>		
Health Authority Involvement?	Yes	<input type="checkbox"/>		
Youth Offending Team Involvement?	Yes	<input type="checkbox"/>		
Traveller Education Service Involvement?	Yes	<input type="checkbox"/>		
Secure Unit Placement	Yes	<input type="checkbox"/>		
GRIP Support	Yes	<input type="checkbox"/>		

Other (Please give brief details) \_\_\_\_\_

**For information:** CME = children missing education (non attendance)  
 CAMHS = community adolescent mental health service  
 GRIP = group intervention panel

**D. 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.

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 .....  
 .....  
 .....  
 .....  
 .....

**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:** \_\_\_\_\_

Please return this completed form to the school office.

**PUPIL ACCESS TEAM CONTACT DETAILS**

**NORTH** (Lancaster, Wyre and The Fylde)  
 Email: [pupilaccessessteam.north@lancashire.gov.uk](mailto:pupilaccessessteam.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: [pupilaccess.southadmissions@lancashire.gov.uk](mailto:pupilaccess.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](mailto:pupil.accesseast@lancashire.gov.uk)  
 Education Office, 44 Union Street, Accrington, BB5 1PL  
 Tel: Primary: 01254 220742 and 220709 Secondary: 01254 220718