## In-Year Admission form To apply for a place at Christ the King Catholic High School

## Please return this form to Christ the King Catholic High School, Lawrence Avenue, Preston, PR1 4PR If your child has an EHCP and/or is Looked After, please do not complete this form and contact the Pupil Access Team

Reason for transferri Please tick appropriate		ls:						
☐ Moving to Lancash ☐ Moving from one a ☐ School to School T ☐ Leaving Private Edu	This form must be completed in relation to all applications for In Year Admissions . You must complete an application for every child (i.e. one each for twin / sibling)							
Child's Legal Surname:			Child's Forename(s):					
Child's Date-of-Birth:		School Year Group:	Age:	Ma	le/Female:			
omia o bato oi biran		Concor rour Group.	7.90.	, ind	io, i omaio.			
Child's home address	(current):		Child's now ad	Idress (if you are	moving):			
Cilila S Home address	(current).		Ciliu's flew au	iuless (ii you ale	moving).			
Postcode:			Postcode:					
			Date of move:					
Name of Parent/Carer(	s): Parent	tal Responsibility: Yes	□ No □					
Home address (If diffe	erent to ch	ild's):						
Postcode:								
i ostoode.								
Is English the first lan	quage spe	oken? By Parent: Yes	□ No □ By Ch	nild: Yes □ No □				
•		·	_ ,					
If no please state first Contact details	language	By Parent/Carer: By Child: Home number:						
Contact details		Mobile number:						
		Email address:						
Religion: If Baptised Catholic	nlagge							
attach the baptism ce								
		Current Scho	ool (If applicabl	le)				
Authority	Establishment Name/Ad		ddress	Date from:	Date last attended:			

Authority	Establishment N	Date from:	:	Date last attended:					
	who will be attending the s								
Name(s)	Date of Birth	School		Male/Female					
Pupil Background  (Previous Education/Support History (Please tick as appropriate)  Yes No									
(Previous Education/Support History (Please tick as appropriate)  Is this pupil in care (Looked After/Previously Looked After)?					No				
If yes, to which Local Children's Services in	Authority								
If yes, please provide									
Previously Permanent									
Previous Exclusion Re	ecord?								
	/ant? If you are UK service   ly please tick YES. You will								
	your relocation date and ad								
Special Educational N (SEN)	leeds Status	Education Health and ( (EHCP)	Care Plan						
		Under Formal Assessn							
Additional Information	on About Your Application/	School Preferences							
relating to the pupil ar	to support your application mnd/or the family. Evidence ed. Please continue on a se	from an appropriate pro	fessional (e.g. do	ial and welfa octor, health	are information visitor, social				
Signature(s)									
I/We confirm that the in admission authority and acknowledge that the subsequently it is four evidence of the pupil's I/We give permission of	information provided is accuracy and/or Local Authority have the offer of a place will be based to have been made in relact permanent address and date for the admission authority as seek background information	e right to verify the informed upon this application a tion to inaccurate or mis e of birth prior to or after and/or Local Authority to	nation given on the and that an offer leading information taking up a school contact the school	nis application may be with on. I/we will ol place if re ol where my	on. I/We adrawn if provide equested.				
Parent(s)/Carer(s)			Date						