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 transferring school Please tick appropriate box(s)	ls:						
☐ Moving to Lancashire from outside of the UK (Please state Country): ☐ Moving to Lancashire from another legal authority (Please state Lancashire from another legal authority):							
☐ Moving to Lancashire from another local authority (Please state Local Authority):☐ Moving from one area of Lancashire to another (Please state area):							
□ School to School Transfer within the same authority:							
□ Leaving Private Education:							
□ Leaving Elective Home Education:							
□Other (Please state):							
This form must h	o completed in relation	to all applications for In Vo	ar Admissions				
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:	Male/Female:				
Child's home address (current):		Child's new address (if you are moving):					
,		, , , , , , , , , , , , , , , , , , , ,	3,				
Postcode:		Postcode:					
		Date of move:					
Name of Parent/Carer(s): Parental Responsibility: Yes □ No □							
Hama addrage (If different to shild's):							
Home address (If different to child's):							
Postcode:							
Is English the first language spoken? By Parent: Yes □ No □ By Child: Yes □ No □							
If no please state first language		By Cl	nild:				
Contact details	Home number:						
	Mobile number:						
Religion:	Email address:						
If Baptised Catholic please							
attach the baptism certificate.							
Current School /If applicable)							
Current School (If applicable)							

Establishment Name/Address

Date from:

Date last attended:

Authority

Authority	Es	Establishment Name/Address D		Date from	:	Date last attended:	
Details of siblings values sisters, stepchildren, address).							
lame(s)	D	ate of Birth	School	hool		Male/Female	
		Pup	il Background				
		ipport History <i>(Please tick as appropriate)</i>			Yes	No	
Is this pupil in care (Looked After/Previously Looked After)? If yes, to which Local Authority							
Children's Services inv							
yes, please provide s							
reviously Permanentl	y Excluded?	•					
revious Exclusion Re	cord?						
re you a Crown Serv							
broad with your family	•		•	cial MOD, FCO of			
CHQ letter declaring your relocation date and addecial Educational Needs Status				Care Plan			
SEN)			EHCP)				
		L	Inder Formal Assess	ment			
dditional Informatio	n About Yo	ur Application/So	chool Preferences				
dditional information telating to the pupil arelating to the pupil arelation orker) can be attache	o support you	our application may nily. Evidence fro	be provided. This cam an appropriate pro	ofessional (e.g. de			

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. I/We give permission for the admission authority and/or Local Authority to contact the school where my child is currently attending to seek background information in respect of behaviour/attendance/the involvement of outside agencies.

Parent(s)/Carer(s)	Date