

Fulwood St Peter's CE Primary School Admission Application Form

In-Year Admission form

If your child has an EHCP and/or is Looked After, please do not complete this form and contact your area office.

Reason for transferring	g schools: Please tick	appropriate box(s)					
☐Moving to Lancashire from outside of the UK (Please state Country):							
☐ 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):							
You must complete an application for every child (i.e. one each for twin / sibling) who requires a school place.							
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)					
Postcode		Postcode					
Date of move Name of Parent / Guardian(s): Parental Responsibility: Yes No							
Name of Parent / Guard	ian(s): Parentai Resp	ponsibility: Yes i	No				
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 Parent							

	Mo	bile numbe	er:					
	Em	nail address	S:					
	C	Current Sc	hool (if applica	able)				
Authority	Establishn	shment Name / Address Date from:			Date last attended:			
Prev	vious Schools /	Education	al Placements	within the last	3 yea	ars		
Authority	Establishn	shment Name / Address Date from:			Date last attended:			
Details of siblings brothers and sister the same family at	rs, stepchildren,	half brothe		•	•	_		
Name(s)	Date	of Birth	School		N	Male / Female		
		Pupil	Background					
(Previous Education/Support History (Please tick as appropriate)						Yes	No	
Is this pupil in care (Looked After / Previously Look After)? If yes, to which Local Authority:					cal			
Children's Services involvement? If yes, please provide social worker's name:								
Previously Permar								
Previous Exclusion Record?								
Are you a Crown S Servants living abr an official MOD, Fo address.	oad with your fa	mily please	tick Yes. You	will need to provi	ide			
	ecial Educational Needs Educational Health and Care Plan (EHCP)							
			rmal Assessme		,			

Home number:

Parent Contact details

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 family. Evidence from an appropriate professional (e.g. doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary.
Signature(s)
I / We confirm that the information provided is accurate at the time of this application. I / We acknowledge that the school 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 to contact the school where my child is currently attending to seek background information in respect

and date of birth prior to or after taking up a school place if requested. I/We give permission 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) / Guardian(s) Date

Submit this application form to:

Fulwood St Peter's CE Primary School and
Nursery
Meadowfield
Fulwood
Preston
PR2 9RE

Telephone / Email

Telephone: (01772) 864550 Email: bursar@st-peterscofe.lancs.sch.uk