

Fylde Coast Academy Trust In-Year Admission Procedure and Form 2024-25

Applications for admission to Garstang Community Academy or Hambleton Primary Academy ‘in-year’ or outside the normal admissions round must be submitted on the academy’s in-year application.

If your child has a Statement of Special Educational Needs or an Educational Health Care Plan which names the academy you are applying to, then your child will be allocated a place, even if there are no spaces available in the year group.

Where there are spaces within the required year group all applications for in-year admissions will be allocated a place, unless admitting the child would prejudice the efficient provision of education or use of resources.

Where there are no spaces available at the time of your application, your child’s name will be added to a waiting list for the relevant year group. When space becomes available, it will be filled by one of the pupils on the waiting list in accordance with the oversubscription criteria published in the published admissions policy for the academic year 2024-25.

Applications for in-year admissions should be sent to the relevant address below:

<p>Garstang Community Academy:</p> <p>Admissions Garstang Community Academy Bowgreave Garstang PR3 1YE</p>	<p>Hambleton Primary Academy:</p> <p>FAO Mrs. Shaw Hambleton Primary Academy Arthurs Lane Hambleton Lancashire FY6 9BZ Telephone: 01253 70031 Email: l.shaw@hambleton.fcat.org.uk</p>
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Parents will be notified of the outcome of your in-year application in writing within 15 school days.

Appeal Arrangements

All appeals will be co-ordinated by Lancashire County Council on behalf of the Academy.

Where the Fylde Coast Academy Trust is unable to offer a place because the school is oversubscribed, parents have the legal right of appeal to an independent admission appeal panel. These are co-ordinated by Lancashire County Council further details can be found on the [LCC website](#).

In-Year School Admissions Application Form

Reason for transferring schools:

Moving into the local area (please provide details):

School to school transfer

Leaving private education

Leaving elective home education

Other (Please state)

This form must be completed for all in year admissions, with one application form submitted 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:	
Name of Parent / Guardian(s):			
Parental Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home address (if different to child's):			
Postcode:			
Email address:		Telephone:	
Is English the first language spoken?			
By parent: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please state first language:		<input type="text"/>	
By child: : <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please state first language:		<input type="text"/>	

Current School (if applicable)

Local Authority	Establishment Name / Address	Date from:	Date last attended:

Previous Schools / Educational Placements within the last 3 years

Local Authority	Establishment Name / Address	Date from:	Date last attended:

Details of siblings who will be attending the FCAT Academy being applied for (*siblings include 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	Male / Female

Pupil Background

Previous Education / Support History (Please tick as appropriate)		Yes	No
Is this pupil in care (Looked after / previous looked after) If yes, please provide details of the responsible authority:			
Children's Services involvement? If yes, please provide social worker's name:			
Previously permanently excluded?			
Are you a Crown Servant? <i>(If you are UK service personnel or other Crown Servants living abroad with your family please tick YES. You will need to provide an official MOD, FCO or GCHQ letter declaring your relocation date and address.)</i>			
Special Educational Needs Status (SEN)	Education Health and Care Plan (EHCP)		
	Under Formal Assessment		

Additional information about your application

You may provide additional information to support your application. This can be medical, social and welfare information relating to the pupil and/or the family. Evidence from an appropriate professional (e.g. doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary.

I/We confirm that the information provided is accurate at the time of this application. I/we acknowledge that the Admissions Authority and/or the Local Authority have the right to verify the information 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 give permission for the admissions authority/ academy/ local authority to contact the school where my child is currently attending to seek background information in respect of relevant academic and personal information.

Signed Parent(s)/Guardian(s)	Date
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For office use only

<i>Date Form Received:</i>	<i>Date LA informed:</i>	
<i>Places available?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Place offered?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Date of offer / refusal</i>		
<i>Reason for refusal (where applicable)</i>		
<i>Application Withdrawn</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Reason for withdrawal:</i>		
<i>Where no offer has been made, has the parent/guardian been made aware of the reasons and their right of appeal? (Please attach copies of correspondence to this form and retain on file).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No