

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 in relation to all applications for in year admissions to and from any FCAT school. You must complete one 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:	
Name of Parent / Guardian(s):			
Parental Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home address (if different to child's):			
Postcode:			
Contact details : Email address : _____ Mobile No : _____			
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.*  
*An individual form will still need to be completed for each sibling.*)

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 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 or 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.

Parent(s) / Guardian(s)

Date

Please submit this application form to:

*Admissions  
Garstang Community Academy  
Bowgreave  
Garstang  
Pr3 1YE*

<b><i>For office use only</i></b>		
<i>Date Form Received:</i>	<i>Date LA informed:</i>	
<i>Places available?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Place offered?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Date of offer / refusal</i>		
<i>Reason for refusal (where applicable)</i>		
<i>Application Withdrawn</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<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"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>