

**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.

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| --- | --- | --- | --- |
| Child’s Legal Surname: | | Child’s Forename(s) | |
| Child’s Date-of-Birth | School Year Group | Age: | Male / Female |
| Child’s home address (current):  Postcode: | | Child’s new address (if you are moving):  Postcode: | |
| Name of Parent / Guardian(s):  Parental Responsibility:  Yes  No  Home address (if different to child’s):  Postcode:  Email address: Telephone: | | | |
| Is English the first language spoken?  By parent:  Yes  No  If no, please state first language:  By child: :  Yes  No  If no, please state first language: | | | |

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: |
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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).*

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| --- | --- | --- |
| 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?  *(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.)* | | |  |  |
| 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 | | |

Please submit the application to the relevant academy contact below:

|  |  |
| --- | --- |
| **Garstang Community Academy:**  Admissions  Garstang Community Academy  Bowgreave  Garstang  PR3 1YE  Telephone: 01995 603226  Email: info@garstang.fcat.org.uk | **Hambleton Primary Academy:**  FAO Mrs. Shaw  Hambleton Primary Academy  Arthurs Lane  Hambleton  Lancashire  FY6 9BZ  Telephone: 01253 70031  Email: l.shaw@hambleton.fcat.org.uk |

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| --- | --- | --- | --- |
| ***For office use only*** | | | |
| *Date Form Received:* | *Date LA informed:* | | |
|  | | | |
| *Places available?* | | *Yes* | *No* |
| *Place offered?* | | *Yes* | *No* |
| *Date of offer / refusal* | |  | |
| *Reason for refusal (where applicable)* | |  | |
| *Application Withdrawn* | | *Yes* | *No* |
| *Reason for withdrawal:* | | | |