

Form issued by (print details)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tel No: \_\_\_\_\_

## In Year Admission to Lancashire Schools Application Form

This form **must** be completed in relation to **all** applications for in year admissions to any Lancashire school. It **must** also be completed in relation to transfer request between any Lancashire schools. You **must** complete an application for every child (ie one each for twins) who requires a school place.

### A. SCHOOL PREFERENCES (In Priority Order)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### B. GENERAL DETAILS OF PUPIL

Surname: \_\_\_\_\_ Parent's Email address: \_\_\_\_\_

Forename(s) \_\_\_\_\_

Male  Female

Pupil Address: (*Current*) \_\_\_\_\_ Postcode: \_\_\_\_\_

**If moving into the area, please state the address you are moving to:**

Pupil Address: (*moving to*) \_\_\_\_\_  
Postcode: \_\_\_\_\_ Likely date of move \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Year Group: \_\_\_\_\_ (Yr 7, Yr 8 etc)

Name of Parents/Carers: \_\_\_\_\_

Telephone: \_\_\_\_\_

Pupil Address: (*Previous*) \_\_\_\_\_  
Postcode: \_\_\_\_\_

Religious Affiliation Roman Catholic  Church of England  Other: \_\_\_\_\_

Parents'/Carers' Address: \_\_\_\_\_  
(*If different from pupil's*) \_\_\_\_\_

#### Previous Schools/Educational Placements

Authority	Establishment Name/ Address	From	To	Tel No

### C. SIBLINGS AT THE SAME SCHOOL

Details of siblings who will be attending the school now being applied for. (*Siblings includes 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	School	Female	Male
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

### D. PUPIL BACKGROUND

(Previous Education/Support History (*Please tick as appropriate*))

		Contact Name	Contact No
Is this pupil in care (looked after)?	Yes <input type="checkbox"/>		
If yes, to which Local Authority			
Children's Services involvement? (Social Worker)	Yes <input type="checkbox"/>		
Previously Permanently Excluded?	Yes <input type="checkbox"/>		
Previous Exclusion Record?	Yes <input type="checkbox"/>		

Special Educational Needs Status (SEN)	Full Statement of SEN	<input type="checkbox"/>	
	Under Formal Assessment	<input type="checkbox"/>	
	Enhanced Action/Funding	<input type="checkbox"/>	
	School Action +	<input type="checkbox"/>	
	School Action	<input type="checkbox"/>	

  

Non Attendance (over one term)	Yes	<input type="checkbox"/>		
CME Involvement? (non attendance)	Yes	<input type="checkbox"/>		
CAMHS Involvement? (adolescent mental health)	Yes	<input type="checkbox"/>		
Health Authority Involvement?	Yes	<input type="checkbox"/>		
Youth Offending Team Involvement?	Yes	<input type="checkbox"/>		
Traveller Education Service Involvement?	Yes	<input type="checkbox"/>		
Secure Unit Placement	Yes	<input type="checkbox"/>		
GRIP Support	Yes	<input type="checkbox"/>		

Contact Name	Contact No

Other (Please give brief details) \_\_\_\_\_

**For information:** CME = children missing education (non attendance)  
 CAMHS = community adolescent mental health service  
 GRIP = group intervention panel

**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 the family. Evidence from an appropriate professional (eg doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Signature(s)**

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.

**Parent(s)/Carer(s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent(s)/Carer(s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit this application **immediately** to your Area Pupil Access Team at:

<b>NORTH</b>	<b>(Lancaster, Wyre and The Fylde)</b> <b>Email: <a href="mailto:pupilaccessteam.north@lancashire.gov.uk">pupilaccessteam.north@lancashire.gov.uk</a></b> <b>Education Office, PO Box 606, White Cross, Lancaster, LA1 3SQ</b> <b>Tel: Primary: 01524 581112 Secondary: 01524 581163</b>
<b>SOUTH</b>	<b>(Preston, South Ribble, West Lancashire and Chorley)</b> <b>Email: <a href="mailto:pupilaccess.southadmissions@lancashire.gov.uk">pupilaccess.southadmissions@lancashire.gov.uk</a></b> <b>Education Office, East Cliff, Preston, PR1 3JT</b> <b>Tel: Primary: 01772 532191 Secondary: 01772 531813</b>
<b>EAST</b>	<b>(Ribble Valley, Hyndburn, Burnley, Pendle and Rossendale)</b> <b>Email: <a href="mailto:pupil.accesseast@lancashire.gov.uk">pupil.accesseast@lancashire.gov.uk</a></b> <b>Education Office, 44 Union Street, Accrington, BB5 1PL</b> <b>Tel: Primary: 01254 220742 and 220709 Secondary: 01254 220718</b>