

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 <input type="checkbox"/> Female <input type="checkbox"/>				
Pupil Address: (Current) _____			Postcode: _____	
If moving into the area, please state the address you are moving to:				
Pupil Address: (moving to) _____			Postcode: _____	
Date of Birth: _____			Likely date of move _____	
School Year Group: _____			(Yr 7, Yr 8 etc)	
Name of Parents/Carers: _____				
Telephone: _____				
Pupil Address: (Previous) _____			Postcode: _____	
Religious Affiliation Roman Catholic <input type="checkbox"/> Church of England <input type="checkbox"/> 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. (<i>Siblings includes brothers and sisters, stepchildren, half brothers and sisters, adopted and foster children living with the same family at the same address</i>).				
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))				
Is this pupil in care (looked after)?		Yes <input type="checkbox"/>	Contact Name	Contact No
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 Under Formal Assessment Enhanced Action/Funding School Action + School Action	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Non Attendance (over one term) CME Involvement? (non attendance) CAMHS Involvement? (adolescent mental health) Health Authority Involvement? Youth Offending Team Involvement? Traveller Education Service Involvement? Secure Unit Placement GRIP Support	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Contact Name</th> <th>Contact No</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Contact Name	Contact No																
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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:

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