**A black and white sign

Description automatically generated with medium confidenceIn 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **A.** | **SCHOOL PREFERENCES (In Priority Order)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **B.** | **GENERAL DETAILS OF PUPIL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Surname: | | |  | | | | | | | | | | | | | | | | | **Parent's Email address:** | | | | | | | | |  | | | | | | | | | | | |
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|  | Forename(s) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Male  Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Pupil Address: ***(Current)*** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **If moving into the area, please state the address you are moving to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Pupil Address: ***(moving to)*** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | Postcode: | | | | | | | |  | | | | | Likely date of move | | | | | | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
|  | Date of Birth: | | | |  | | | | | | | | | | | | | School Year Group: | | | | | | | | | | | | |  | | | | | | | | (Yr 7, Yr 8 etc) | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of Parents/Carers: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Telephone: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Pupil Address: ***(Previous)*** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Parents'/Carers' Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *(If different from pupil's)* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Previous Schools/Educational Placements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Authority** | | | | | | | **Establishment Name/**  **Address** | | | | | | | | | | | | | | | | **From** | | | | | | | | | | **To** | | | | | **Tel No** | | |
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| **C.** | **SIBLINGS AT THE SAME SCHOOL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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** | |
|  |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |  | |
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| **D.** | | **PUPIL BACKGROUND** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **(Previous Education/Support History *(Please tick as appropriate)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Contact Name** | | | | | | | | | | **Contact No** | | | |
|  | | Is this pupil in care (looked after)? | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | | | |  | | | |
|  | | If yes, to which Local Authority | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Children's Services involvement? (Social Worker) | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | | | |  | | | |
|  | | Previously Permanently Excluded? | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | | | |  | | | |
|  | | Previous Exclusion Record? | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | | | |  | | | |
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|  | | Special Educational Needs Status | | | | | | | | | | | | | | Full Statement of SEN | | | | | | | | | | | |  | | | |  | | | | | | | |  | |
|  | | (SEN) | | | | | | | | | | | | | | Under Formal Assessment | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | Enhanced Action/Funding | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | School Action + | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | School Action | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Contact Name** | | | | **Contact No** | |
|  | | Non Attendance (over one term) | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | |  | | | |  | |
|  | | CME Involvement? (non attendance) | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | |  | | | |  | |
|  | | CAMHS Involvement? (adolescent mental health) | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | |  | | | |  | |
|  | | Health Authority Involvement? | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | |  | | | |  | |
|  | | Youth Offending Team Involvement? | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | |  | | | |  | |
|  | | Traveller Education Service Involvement? | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | |  | | | |  | |
|  | | Secure Unit Placement | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | |  | | | |  | |
|  | | GRIP Support | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | |  | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
|  | | Other (Please give brief details) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **For information:** | | | | | CME | | | | | | | = children missing education (non attendance) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | CAMHS | | | | | | | = community adolescent mental health service | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | GRIP | | | | | | | = group intervention panel | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Additional Information About Your Application/School Preferences** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Parent(s)/Carer(s)** | | | | | | |  | | | | | | | | | | | | | | | | | **Date:** | | | | | | |  | | | | | | | | |
|  | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |
|  | | **Parent(s)/Carer(s)** | | | | | | |  | | | | | | | | | | | | | | | | | **Date:** | | | | | | |  | | | | | | | | |
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Submit this application **immediately** to the school

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| **FAO Admissions Team**  **Lytham St Annes High School**  **Worsley Road**  **Lancashire**  **FY8 4DG** | |
|  |  |

In Year Admission to Lancashire Schools

Application Form Updated January 2023