

# Mount Carmel

## Roman Catholic High School

*A family of faith & learning*



### IN-YEAR ADMISSIONS – MOUNT CARMEL R C HIGH SCHOOL

#### REQUEST FOR IN-YEAR SCHOOL PLACE

This application should be **fully** completed and emailed to [admissions@mountcarmelhigh.lancs.sch.uk](mailto:admissions@mountcarmelhigh.lancs.sch.uk) or handed into the school office in an envelope FAO Pupil Admissions.

***Please note: Completion of this form is an enquiry for an in-year school admission and does not guarantee your child a school place offer***

#### Reason for transferring schools:

*Please tick appropriate box(s)*

- Moving to Lancashire from outside of the UK (Please state Country):
- Moving to Lancashire from another local authority (Please state Local Authority):
- Moving from one area of Lancashire to another (Please state area):
- School to School Transfer within the same authority:
- Leaving Private Education:
- Leaving Elective Home Education:
- Other (Please state):

#### 1. GENERAL INFORMATION

PERSONAL DETAILS OF PUPIL					
NAME (in full)					
YEAR GROUP		DOB		GENDER	
CURRENT ADDRESS & POSTCODE					
PREVIOUS/FUTURE ADDRESS (if applicable)					
RELIGIOUS DENOMINATION					
Is English the first language spoken? By Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> By Child: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please specify the student's proficiency level in English: Beginner / Intermediate / Advanced If no, please state first language: By Parent: _____ By Child: _____					

**DO YOU HAVE ANY FAMILY / RELATIVES WHO CURRENTLY ATTEND OR RECENTLY ATTENDED MOUNT CARMEL?**

<b>ENQUIRY DATE:</b>	
<b>REQUESTED START DATE:</b>	

<b>PARENTAL DETAILS</b>	
<b>NAME OF PARENT / CARER (Primary contact)</b>	
<b>CONTACT TEL No</b>	
<b>EMAIL ADDRESS</b>	
<b>NAME OF PARENT / CARER (Secondary contact)</b>	
<b>CONTACT TEL No</b>	
<b>EMAIL ADDRESS</b>	

**Pupil Background**

<b>Previous Education/Support History (Please tick as appropriate)</b>	<b>Yes</b>	<b>No</b>
Is this pupil in care (Looked After/Previously Looked After)? If yes, to which Local Authority		
Children's Services involvement? If yes, please provide social worker's name:		
Previously Permanently Excluded?		
Previous Exclusion Record?		
Please provide previous exclusion record details		
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	
Asylum/ Immigration Status	Asylum Seeker	
	Refugee	

**2. EDUCATION HISTORY** (Please list all prior education establishments attended)

NAME OF CURRENT SECONDARY SCHOOL & TEL No	START DATE	LEAVING DATE	REASON FOR REQUESTED MOVE

NAME OF ANY PREVIOUS SECONDARY SCHOOLS & TEL No	START DATE	LEAVING DATE	REASON FOR LEAVING (IF APPLICABLE)

NAME OF PRIMARY SCHOOLS & TEL No	START DATE	LEAVING DATE	REASON FOR LEAVING (IF APPLICABLE)

**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 (e.g. doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary.

Year 10 & 11 pupils only, in addition to the core subjects (English, Maths & Science), what option subjects does your child currently study:

*Please note: Following admission request we will contact your current school for attendance, behaviour and academic data.*

Please indicate the name of the pupils current Head of Year / Pastoral Leader.

I confirm that the information provided in this application is both up to date and accurate at the time of completion. I am aware and consent to Mount Carmel R C High School may make enquiries to other schools and agencies for any information that will be considered pertinent to this application.

Signed ..... Parent / Carer      Date .....