# **Mission Statement -** In Christ We Grow – As a learning community we live out our Mission Statement striving for excellence through caring, sharing and achieving.

***If your child has an EHCP and/or is Looked After,***

***please do not complete this form and contact your area office***

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| **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): |

You must complete an application for every child

(i.e. one each for twin/sibling) who requires a school place.

**Please complete all sections of this form – including a signature. We cannot process forms that are not completed entirely**

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| **Child's Legal Surname:** | **Child's Legal 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:****Date of move:** |
| **Name of Parent(s)/Carer(s): Parental Responsibility: Yes** [ ]  **No** [ ] **Home address (If different to child’s):****Postcode:** |

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| **Is English the first language spoken? By Parent: Yes** [ ]  **No** [ ]  **By Child: Yes** [ ]  **No** [ ] **If no please state first language: By Parent:       By Child:** **Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Contact details Person 1**  | **Name:**  |
| **Mobile number:** |
| **Email address:** |

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| **Contact details Person 2** | **Name:**  |
| **Mobile number:** |
| **Email address:** |

**Current School (if applicable)**

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| **Authority** | **Establishment Name/Address** | **Date from:** | **Date last attended:** |
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**Previous Schools/Educational Placements within the last 3 years**

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| **Authority** | **Establishment Name/Address** | **Date from:** | **Date last attended:** |
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**Details of siblings who will be attending the school 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** | **School** | **Male/Female** |
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**Pupil Background**

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| **(Previous Education/Support History *(Please tick as appropriate)*** | **Yes** | **No** |
| 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 Suspension Record? |  |  |
| Eligible for Free Schools Meals |  |  |
| 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 |  |  |

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| **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. |

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| **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. I/We give permission to contact the school where my child is currently attending to seek background information in respect of behaviour/attendance/the involvement of outside agencies. |
| **Parent(s)/Carer(s)** | **Date** |

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| **Submit this application form to:**Our Lady Queen of Peace Catholic High SchoolGlenburn RoadSkelmersdaleLancashireWN8 6JW | **Telephone / Email**01695 725635mail@olqp.lancs.sch.uk  |

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| **Information Request** In relation to GDPR Legislation please sign the form below so that we may request and access information in relation to your child. (C) By signing this agreement you agree to allow Our Lady Queen of Peace Catholic High School to implement a data processing agreement that complies with the requirements of the current legal framework in relation to data processing and with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).Please complete the following:I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Insert your Name) give consent for all information relating to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert Child’s name ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert DOB)to be sent from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of previous school) to Our Lady Queen of Peace Catholic High School, Skelmersdale.This includes but is not limited to:- Child’s UPN- Attendance Data- Progress and Assessment Data - Previous school reports- Behaviour log including records of suspensions and exclusions- Relevant safeguarding information (i.e. Social worker details if relevant)- other pertinent informationI agree for this email to be sent in the most suitable format to Our lady Queen of Peace Catholic High School where it will be accessed by the Admissions administrator, Admissions lead and any relevant staff i.e. Data lead, Head of YearSigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |