



**St Mary's Catholic High School, Leyland**

# **IN-YEAR ADMISSION APPLICATION FORM**

**Please ensure all sections of this form are completed before returning it to the school:**

**Part 1 is to be completed by the parent / carer**

**Part 2 is to be completed by the child's current school or educational provider**

# Part 1 - to be completed by parent / carer

## Parent's / Carer's details

Title:	Forename(s):	Surname:
Name of adult(s) with parental responsibility and relationship to child:		
Name: 1. 2.	Relationship: 1. 2.	
Current address:	Future address: (if applicable)	
Please indicate if this is the pupils home address <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span>		
Home phone:	Work phone:	Mobile:
Email address:		
Name of adult(s) and contact details to be used in case of emergency:		
Name: 1. 2.	Contact number: 1. 2.	
Are you or anyone else with parental responsibility a serving member of HM Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>		

## Child's details

Child's legal forename(s):	Legal surname:
Any other name(s) used by child:	Date of birth:
Gender:	Year group:
Ethnicity:	Home language:
Religion:	If Baptised Catholic, has your child made their 1 <sup>st</sup> Holy Communion <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span>
If your child has arrived in the UK within the last 3 years please state month and year of entry. Month: <span style="margin-left: 100px;">Year:</span>	
Is your child a refugee or asylum seeker? <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span>	
Is your child in public care? <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span> If so, which local authority is he/she in the care of: Local Authority: <span style="margin-left: 100px;">Social worker:</span> <span style="float: right;">Tel:</span>	
Is your child a previously looked after child? <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span> If yes, please provide a copy of the relevant court order.	
Does your child have a statement of Special Educational Needs (SEN)? <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span> If you have ticked yes, please do not submit this form. Please contact pupil access on 01772 532109.	
Could your child be considered to have a disability? <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span> If yes, please state the nature of the disability.	

**Is your child entitled to free school meals?** Yes  No

**Does you child have siblings who will be attending this school?** Yes  No   
(siblings include brothers and sisters, stepchildren, half brothers and sisters, adopted and foster children living with the same family at the same address)  
**If yes, please state names below:**

**Does your child know any students who attend this school?** Yes  No   
**If yes, please state names below:**

**The name of your child's current secondary school:**

**Please state the date your child started at the above school:**  
**Month:** **Year:**

**Is your child still attending school regularly?** Yes  No   
**If no, please state date last attended:**

**Has your child been excluded from school?** Yes  No   
**If yes, please state date, type of exclusion, fixed term (FTE) or permanent (PermEx), and number of days excluded if it is a fixed term exclusion and reason:**

<b>Date:</b>	<b>FTE/PermEx</b>	<b>No. of days:</b>	<b>Reason:</b>

**Reason(s) for change of school**  
**Have you discussed your reason(s) for wanting a different school for your child with your child's current school?** Yes  No

**Has your child's current school suggested you transfer your child?** Yes  No

**Has your child attended any other secondary school or PRU?** Yes  No   
**If yes, please state name of school or PRU and date of leaving:**  
**School/PRU:** **Date of leaving:**

**Reason for leaving current school:**

<b>Are there any outside agencies currently involved with your child?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If yes, please provide name(s) and contact details:</b>		
<b>Agency:</b> 1. 2. 3. 4.	<b>Name of worker:</b>	<b>Contact details:</b>

<h2>Declaration</h2> <p>I certify that the information I have provided is true to the best of my knowledge, and that I do have parental responsibility for this child.</p> <p>Name of parent / carer (please print):</p> <p>Signature:</p> <p>Date:</p>
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**Now take this form to your child's present school for Part 2 to be completed. When the form has been completed by the school please return it and all relevant documentation to:**

**St Mary's Catholic High School, Leyland  
Royal Avenue  
Leyland  
PR25 1BS**

If you wish to have your admission request considered against the school's faith/denomination criteria then you should also complete this Supplementary Information Form (SIF).



ARCHDIOCESE OF LIVERPOOL  
SUPPLEMENTARY FAITH REQUEST FORM



ST MARY'S CATHOLIC HIGH SCHOOL, LEYLAND

This form should be completed by the parent / carer and returned to the school.

**SECTION A (to be completed by Applicant)**

Name of child: \_\_\_\_\_

Address of child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Is the child a baptised Catholic?      Yes                          No      
(see Note 1)

2. If yes, please state parish of baptism and date \_\_\_\_\_

3. In which parish do you now live? \_\_\_\_\_

4. If your child is not a baptised Catholic, please state to which denomination or faith, if any, your child belongs (see Note 2)

\_\_\_\_\_

**Notes:**

**1. Evidence of Baptism – Catholic**

Proof of Baptism in the form of a Baptismal Certificate **OR** the completion of the statement below is required to confirm your child is a baptised Catholic.

**2. Evidence of Faith Group membership**

a) If you are applying for a Catholic school and want to be considered under the relevant criterion as an other than Catholic Christian please state your Christian denomination. Proof of Baptism in the form of a Baptismal Certificate **OR** confirmation in writing by completion of the statement below to show that your child is a member of a faith community by an appropriate Minister of Religion is required.

b) If you belong to a faith other than the Christian faith, please state to which faith you belong. An appropriate faith leader would need to confirm in writing by completing of the statement below to show that your child is a member of their faith group.

**SECTION B (to be completed by Minister of Religion / Faith Leader)**

Minister / Leader (Print name): \_\_\_\_\_

Address: \_\_\_\_\_

Position held \_\_\_\_\_

Signed and dated \_\_\_\_\_

**Please return form to:**

**Headteacher, St Mary's Catholic High School, Leyland  
Royal Ave, Leyland PR25 1BS**





## Part 2 - to be completed by child's current school

School name:

Child's legal forename(s):

Child's legal surname:

Any other name(s) used by child:

Gender:  Date of birth:  Year group:  UPN

Please give any available information about the circumstances which have led to the request for a change of school.

Do you believe that a change of school would be in the best educational and social interests of the student?      Yes       No

Explain your answer:

Is the student on the Special Educational Needs Code of Practice?      Yes       No   
SEN stage of Code of Practice:

### ACADEMIC INFORMATION

	ENGLISH	MATHS	SCIENCE
KS2			

If the student is in KS3 please complete this section.

Subject	Predicted level	Level achieved
English		
Maths		
Science		

If the student is in KS4 please complete this section.

Subject	Predicted grade	GCSE	Examination board
English			
Maths			
Science			
<b>Option Choices:</b>			
1.			
2.			
3.			
4.			

## INTERVENTION BY OUTSIDE AGENCIES

Have any outside agencies been involved with this student?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please complete the section below.				
Agency:	Keyworker:	Contact details:	Type of intervention:	Still active:
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of person completing form (please print):

Signature:

Position in school:

Date: