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**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 Yes□ No□** |
| **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□ No□** |

**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 1st Holy Communion Yes□ No□** |
| **If your child has arrived in the UK within the last 3 years please state month and year of entry.****Month: Year:** |
| **Is your child a refugee or asylum seeker? Yes□ No□** |
| **Is your child in public care? Yes□ No□****If so, which local authority is he/she in the care of:****Local Authority: Social worker: Tel:****Is your child a previously looked after child? Yes□ No□****If yes, please provide a copy of the relevant court order.** |
| **Does your child have a statement of Special Educational Needs (SEN)? Yes□ No□** **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? Yes□ No□** **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:** |
| **Date:**  | **FTE/PermEx** | **No. of days:**  | **Reason:** |
|  |  |  |  |
|  |  |  |  |
| **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:**  |
| **Are there any outside agencies currently involved with your child? Yes□ No□****If yes, please provide name(s) and contact details:** |
| **Agency:** **1.****2.****3.** **4.** | **Name of worker:**  | **Contact details:** |

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| **Declaration**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.Name of parent / carer (please print):Signature:Date: |

 **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).**

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**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)

1. If yes, please state parish of baptism and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In which parish do you now live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. 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.

1. **Evidence of Faith Group membership**
2. 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.
3. 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):** |  |

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| --- | --- |
| **Child’s legal surname:** |  |

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| --- | --- |
| **Any other name(s) used by child:** |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender:** |  | **Date of birth:** |  | **Year group:** |  | **UPN** |  |

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| **Please give any available information about the circumstances which have led to the request for a change of school.** |
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| **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 |  |  |
|  |  |  |
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| **If the student is in KS4 please complete this section.** |
| **Subject**  | **Predicted grade** | **GCSE** | **Examination board** |
| English |  |  |  |
| Maths |  |  |  |
| Science |  |  |  |
|  |  |  |  |
| **Option Choices:** |  |  |  |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
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**INTERVENTION BY OUTSIDE AGENCIES**

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| --- |
| **Have any outside agencies been involved with this student? Yes□ No□****If yes, please complete the section below.** |
| **Agency:** | **Keyworker:** | **Contact details:** | **Type of intervention:** | **Still active:** |
|  |  |  |  | **Yes □ No □** |
|  |  |  |  | **Yes □ No □** |
|  |  |  |  | **Yes □ No □** |
|  |  |  |  | **Yes □ No □** |
|  |  |  |  | **Yes □ No □** |
|  |  |  |  | **Yes □ No □** |
|  |  |  |  | **Yes □ No □** |

Name of person completing form (please print):

Signature:

Position in school:

Date: