



St Matthew's C of E Primary Academy

In Year Admission Form



Inspired by Jesus' words (Matthew 5: 1-12) we strive to promote academic, emotional and spiritual growth in a Christian environment for all members of our school family. We can all "Be blessed by God, be happy and aspire to be..."

Form issued by: _____

Date: _____

Form returned to: _____

Date: _____

Birth certificate seen? Yes/No

Reason for transferring schools:

Please tick appropriate box(s)

- ☐ Moving to Preston from outside of the UK (Please state Country)
- ☐ Moving to Preston from another Local Authority (please state which one)
- ☐ Moving from one area of Lancashire to Preston (please state area)
- ☐ School to school transfer within Preston (please state which school)
- ☐ Leaving Private Education
- ☐ Leaving Elective Home Education
- ☐ Other (please state)

This form must be completed in relation to all applications for In Year Admissions to St Matthew's C of E Primary Academy.

You must complete an application for every child (i.e. one each for twin / sibling) who requires a school place.

Child's Legal Surname:		Child's Forename(s):	
Child's Date-of-Birth:	School Year Group:	Age:	Male/Female:
Child's home address (current):		Child's new address (if you are moving with date of move):	
Postcode:		Postcode:	

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<p>Name of Mother / Guardian 1: Parental Responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Home address (If different to child's):</p> <p>Postcode:</p> <p>Name of Father / Guardian 2: Parental Responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Home address (If different to child's):</p> <p>Postcode:</p> <p>Additional emergency contact (& relationship to child):</p> <p>Name:</p> <p>Address:</p> <p>Authorised to collect: Yes / No (circle)</p>				
<p>Is English the first language spoken?</p> <ul style="list-style-type: none"> ● By Mother / Guardian 1: Yes <input type="checkbox"/> No <input type="checkbox"/> ● By Father / Guardian 2: Yes <input type="checkbox"/> No <input type="checkbox"/> ● By Child: Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If no please state first language:</p> <ul style="list-style-type: none"> ● By Mother / Guardian 1: ● By Father / Guardian 2: ● By Child: <p>Does your child understand English? Yes / No (please circle)</p>				
<p>Contact details</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <p>Home number:</p> <ul style="list-style-type: none"> ● Mother / Guardian 1: ● Father / Guardian 2: ● Emergency contact: </td> </tr> <tr> <td style="padding: 5px;"> <p>Mobile number:</p> <ul style="list-style-type: none"> ● Mother / Guardian 1: ● Father / Guardian 2: ● Emergency contact: </td> </tr> <tr> <td style="padding: 5px;"> <p>Email address:</p> <ul style="list-style-type: none"> ● Mother / Guardian 1: ● Father / Guardian 2: ● Emergency contact: </td> </tr> </table>	<p>Home number:</p> <ul style="list-style-type: none"> ● Mother / Guardian 1: ● Father / Guardian 2: ● Emergency contact: 	<p>Mobile number:</p> <ul style="list-style-type: none"> ● Mother / Guardian 1: ● Father / Guardian 2: ● Emergency contact: 	<p>Email address:</p> <ul style="list-style-type: none"> ● Mother / Guardian 1: ● Father / Guardian 2: ● Emergency contact:
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<p>Email address:</p> <ul style="list-style-type: none"> ● Mother / Guardian 1: ● Father / Guardian 2: ● Emergency contact: 				
<p>Ethnic Group:</p>	<p>Nationality:</p>			
<p>Religion:</p>				

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Medical Information

Doctor's Surgery Name & Address:
Allergies: Any other medical information:

Current School (If applicable)

Authority	Establishment Name/Address	Date from:	Date last attended:

Previous Schools/Educational Placements within the last 3 years

Authority	Establishment Name/Address	Date from:	Date last attended:

Details of siblings who will be attending the school now 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*).

Name(s)	Date of Birth	School	Male/Female

Pupil Background

All questions must be answered.

(Previous Education/Support History <i>(Please tick as appropriate)</i>)		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 Exclusion Record?			
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		

Additional Information About Your Application/School Preferences
<p>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.</p>

Signed: _____ Print: _____

Relationship to child: _____ Date: _____

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<p>Submit this application form to the office at the Academy:</p> <p>FAO School Business Manager St Matthew's C of E Primary Academy New Hall Lane Preston PR1 5XB</p> <p>01772 794482</p> <p>psmoffice@cidari.co.uk</p>	<p>Head office:</p> <p>Cidari Multi Academy Trust Belthorn House Walker Park Blackburn BB1 2QE</p> <p>CEO- Mr P Ashworth</p> <p><i>Distinctive academies empowered to work together for excellence through shared Christian values.</i></p>
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