

# The Blessed Sacrament Catholic Primary School

## In Year Admission / Pupil Data Collection Form



### 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.

### PUPIL PERSONAL INFORMATION

LEGAL SURNAME			
LEGAL FORENAME		PREFERRED FORENAME(S)	
SCHOOL YEAR GROUP:		GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
BIRTH CERTIFICATE SEEN?	Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE OF BIRTH:	
CURRENT HOME ADDRESS including post code			
NEW HOME ADDRESS (If you are moving)			

### PARENT INFORMATION

\* Please indicate at which address(es) the pupil normally resides (i.e. sole or shared residency) using the tick box

#### MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes <input type="checkbox"/> No <input type="checkbox"/>	NI NUMBER	
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	WORK:	MOBILE:	
E-MAIL ADDRESS					

#### FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes <input type="checkbox"/> No <input type="checkbox"/>	NI NUMBER	
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	WORK:	MOBILE:	
E-MAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
<b>DATE OF BIRTH</b>		<b>RELATIONSHIP TO CHILD</b>		<b>PARENTAL RESPONSIBILITY</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>HOME ADDRESS</b> including post code	* <input type="checkbox"/>				
<b>TELEPHONE NUMBERS</b>	<b>HOME:</b>		<b>WORK:</b>		<b>MOBILE:</b>

<b>IS ENGLISH THE FIRST LANGUAGE SPOKEN?</b>	<b>BY PARENT</b> <input type="checkbox"/>	<b>BY CHILD</b> <input type="checkbox"/>
<b>IF 'NO', PLEASE STATE FIRST LANGUAGE:</b>	<b>BY PARENT</b>	<b>BY CHILD</b>

**CONTACT INFORMATION**

Please list in order of priority the names of at least two people who can be contacted by school in an emergency.

1	Name		Relationship to Child		Telephone	
2	Name		Relationship to Child		Telephone	
3	Name		Relationship to Child		Telephone	
<b>IS THE CHILD IN PUBLIC CARE (CHILD LOOKED AFTER)</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>IS THE CHILD KNOWN TO CHILDREN'S SOCIAL CARE (SOCIAL WORKER)</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>DOES THE CHILD HAVE AN EDUCATION HEALTH AND CARE PLAN (EHCP) – (FORMERLY STATEMENT)</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>IS THE CHILD KNOWN TO THE EDUCATIONAL PSYCHOLOGY SERVICE/CAMHS</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>DOES THE CHILD HAVE A DISABILITY OR ILLNESS</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>HAS THE CHILD PREVIOUSLY BEEN PERMANENTLY EXCLUDED?</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>DOES THE CHILD HAVE A PREVIOUS EXCLUSION RECORD?</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>ARE YOU A CROWN SERANT? IF YOU ARE UK SERVICE PERSONNEL OR OTHER CROWN SERVANTS LIVING ABROAD WITH YOUR FAMILY TICK YES. YU WILL NEED TO PROVIDE AN OFFICIAL MOD, FCO OR GCH LETTER DECLARNG YOUR RELOCATION DATE AND ADDRESS</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>	

**SCHOOL DETAILS (CURRENT)**

<b>AUTHORITY</b>	<b>ESTABLISHMENT NAME / ADDRESS</b>	<b>DATE FROM:</b>	<b>DATE LAST ATTENDED</b>

**SCHOOL DETAILS (PREVIOUS)**

<b>AUTHORITY</b>	<b>ESTABLISHMENT NAME / ADDRESS</b>	<b>DATE FROM</b>	<b>DATE LAST ATTENDED</b>

