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):

Oving 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 🛛 Female 🗖
BIRTH CERTIFICATE SEEN?	Yes 🗆 No 🗆	DATE OF BIRTH:	
CURRENT HOME ADDRESS			
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 RESPO	NSIBILITY		Yes 🗆 No 🗆	NI NUMBER	
HOME ADDRESS		*						
TELEPHONE NUMBERS		HOME: WORK: MOBILE:						
E-MAIL ADDRESS								

FATHER

TITLE			FORENAME			SURNAME		
DATE OF BIRTH			PARENTAL RESPONSIBILITY			Yes 🗆 No 🗆	NI NUMBER	
HOME ADDRESS		*						
TELEPHONE NUMBER	S		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.

TITLE			FORENAME		SURNAME		
DATE OF BIRTH			RELATIONSHIP TO CHILD		PARENTAL RESPONSIBILITY	Y	/es 🗆 No 🗆
HOME ADDRESS		*					
TELEPHONE NUMBE	RS		HOME:	WORK:		MOB	BILE:

IS ENGLISH THE FIRT LANGUAGE SPOKEN?	BY PARENT 🗌	BY CHILD 🗌	
IF 'NO', PLEASE STATE FIRST LANGUAGE:	BY PARENT	BY CHILD	

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	
IS T	HE CHILD I	N PUBLIC CARE (CHILD LOO	KED AFTER)			Yes 🗆 No 🗆
IS THE CHILD KNOWN TO CHILDREN'S SOCIAL CARE (SOCIAL WORKER)						Yes 🗆 No 🗆
DOES THE CHILD HAVE AN EDUCATION HEALTH AND CARE PLAN (EHCP) – (FORMERLY STATEMENT)						Yes 🗆 No 🗆
IS THE CHILD KNOWN TO THE EDUCATIONAL PSYCHOLOGY SERVICE/CAMHS						Yes 🗆 No 🗆
DOES THE CHILD HAVE A DISABILITY OR ILLNESS						Yes 🗆 No 🗆
HAS	THE CHILI	D PREVIOUSLY BEEN PERMA	NENTLY EXCLUDED?			Yes 🗆 No 🗆
DOES THE CHILD HAVE A PREVIOUS EXCLUSION RECORD?						Yes 🗆 No 🗆
ARE YOU A CROWN SERANT? IF YOU ARE UK SERVICE PERSONNEL OR OTHER CROWN SERVANTS					Yes 🗆 No 🗆	
LIVING ABROAD WITH YOUR FAMILY TICK YES. YU WILL NEED TO PROVIDE AN OFFICIAL MOD, FCO						
OR	OR GCH LETTER DECLARNG YOUR RELOCATION DATE AND ADDRESS					

SCHOOL DETAILS (CURRENT)

AUTHORITY	ESTABLISHMENT NAME / ADDRESS	DATE FROM:	DATE LAST ATTENDED

SCHOOL DETAILS (PREVIOUS)

AUTHORITY	ESTABLISHMENT NAME / ADDRESS	DATE FROM	DATE LAST ATTENDED

MEDICAL INFORMATION – Attach an extra sheet if necessary

NAME OF DOCTOR:	NAME AND ADDRESS
	OF PRACTICE:
MEDICAL CONDITION/S	
RELIGION	

ETHNICITY:

Our ethnic background describes how we think of ourselves. This may be based on many things, including for example, our skin colour, language, culture, ancestry or family history.

ETHNICITY		
NATIONALITY	COUNTRY OF BIRTH	

IF YOUR CHILD HAS BEEN BAPTISED PLEASE COMPLETE THE FOLLOWING (please ensure you take the original document into school):

DATE OF BAPTISM:		
NAME OF CHURCH:	TOWN:	

PROOF SEEN: Yes 🗆 No 🗆

MEAL ARRANGEMENTS:	TRAVEL TO SCHOOL:	

ADDITIONAL INFORMATION

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.

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.

Signature
Date

Print name	Relationship to child	

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies.