

Form issued by (print details)

Name: _____ Date: _____

Tel No: _____

In Year Admission to Lancashire Schools Application Form

This form **must** be completed in relation to **all** applications for in year admissions to any Lancashire school. It **must** also be completed in relation to transfer request between any Lancashire schools. You **must** complete an application for every child (ie one each for twins) who requires a school place.

A. SCHOOL PREFERENCES (In Priority Order)

1. _____
2. _____
3. _____

B. GENERAL DETAILS OF PUPIL

Surname: _____ Parent's Email address: _____

Forename(s) _____

Male Female

Pupil Address: (*Current*) _____ Postcode: _____

If moving into the area, please state the address you are moving to:

Pupil Address: (*moving to*) _____
Postcode: _____ Likely date of move _____

Date of Birth: _____ School Year Group: _____ (Yr 7, Yr 8 etc)

Name of Parents/Carers: _____

Telephone: _____

Pupil Address: (*Previous*) _____
Postcode: _____

Religious Affiliation Roman Catholic Church of England Other: _____

Parents'/Carers' Address: _____
(*If different from pupil's*)

Previous Schools/Educational Placements

Authority	Establishment Name/ Address	From	To	Tel No

C. SIBLINGS AT THE SAME SCHOOL

Details of siblings who will be attending the school now being applied for. (*Siblings includes 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	Female	Male
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

D. PUPIL BACKGROUND

(Previous Education/Support History (*Please tick as appropriate*))

		Contact Name	Contact No
Is this pupil in care (looked after)?	Yes <input type="checkbox"/>		
If yes, to which Local Authority			
Children's Services involvement? (Social Worker)	Yes <input type="checkbox"/>		
Previously Permanently Excluded?	Yes <input type="checkbox"/>		
Previous Exclusion Record?	Yes <input type="checkbox"/>		

Special Educational Needs Status (SEN)	Full Statement of SEN	<input type="checkbox"/>	
	Under Formal Assessment	<input type="checkbox"/>	
	Enhanced Action/Funding	<input type="checkbox"/>	
	School Action +	<input type="checkbox"/>	
	School Action	<input type="checkbox"/>	

Non Attendance (over one term)	Yes	<input type="checkbox"/>	
CME Involvement? (non attendance)	Yes	<input type="checkbox"/>	
CAMHS Involvement? (adolescent mental health)	Yes	<input type="checkbox"/>	
Health Authority Involvement?	Yes	<input type="checkbox"/>	
Youth Offending Team Involvement?	Yes	<input type="checkbox"/>	
Traveller Education Service Involvement?	Yes	<input type="checkbox"/>	
Secure Unit Placement	Yes	<input type="checkbox"/>	
GRIP Support	Yes	<input type="checkbox"/>	

Contact Name	Contact No

Other (Please give brief details) _____

For information: CME = children missing education (non attendance)
 CAMHS = community adolescent mental health service
 GRIP = group intervention panel

Additional Information About Your Application/School Preferences

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 (eg doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary.

E. Signature(s)

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.

Parent(s)/Carer(s) _____ **Date:** _____

Parent(s)/Carer(s) _____ **Date:** _____

Submit this application **immediately** to your Area Pupil Access Team at:

NORTH	<p>(Lancaster, Wyre and The Fylde) Email: pupilaccessteam.north@lancashire.gov.uk Education Office, PO Box 606, White Cross, Lancaster, LA1 3SQ Tel: Primary: 01524 581112 Secondary: 01524 581163</p>
SOUTH	<p>(Preston, South Ribble, West Lancashire and Chorley) Email: pupilaccess.southadmissions@lancashire.gov.uk Education Office, East Cliff, Preston, PR1 3JT Tel: Primary: 01772 532191 Secondary: 01772 531813</p>
EAST	<p>(Ribble Valley, Hyndburn, Burnley, Pendle and Rossendale) Email: pupil.accesseast@lancashire.gov.uk Education Office, 44 Union Street, Accrington, BB5 1PL Tel: Primary: 01254 220742 and 220709 Secondary: 01254 220718</p>