

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: _____ 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*))

Is this pupil in care (looked after)? Yes

If yes, to which Local Authority _____

Children's Services involvement? (Social Worker) Yes

Previously Permanently Excluded? Yes

Previous Exclusion Record? Yes

Contact Name	Contact No

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"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Contact Name</th> <th style="width: 30%;">Contact No</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Contact Name	Contact No																		
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	(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
SOUTH	(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
EAST	(Ribble Valley, Hyndburn, Burnley, Pendle and Rossendale) Email: pupil.accesseast@lancashire.gov.uk Education Office, The Globe, Accrington, BB5 0RE Tel: Primary: 01254 220742 and 220709 Secondary: 01254 220718