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 PREFEREN	CES (In Priority Ord	er)					
	1.							
	2.							
	3.							
В.	GENERAL DETAILS	OF PUPIL	Parant	's Email				
	Surname:		addrag					
	Forename(s)							
	Male Female							
	Pupil Address: (Curren	t)						
				Postcoo	de:			
	If moving into the area, please state the address you are moving to:							
	Pupil Address: (moving to)							
		Postcode:		Likely da	te of move			
	Date of Birth:		School Year G	roup:		(Yr 7, Yr	8 etc)	
	Name of Parents/Care							
	Telephone:							
	Pupil Address: (Previous	us)						
				Postcode:				
	Religious Affiliation F		urch of	Other:				
			gland 🗌					
	Parents'/Carers' Addre	ess:						
	(If different from pupil's	,						
	-	revious Schools/Educational Placements  Establishment Name/  Table						
	Authority	ority Address F			rom To		Tel No	
C.	SIBLINGS AT THE SA	ME SCHOOL						
			chool now bein	g applied for.	(Siblings inclu	udes brothe	rs and	
	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	School Female Male					
		Birth	2011201					
							片	
						+ $+$	H	
D.	PUPIL BACKGROUND	)						
	(Previous Education/Support History (Please tick as appropriate)							
		Contact Name			Contact No			
	Is this pupil in care (loo If yes, to which Local A		Yes [					
	Children's Services involvement? (Social Worker)							
	Previously Permanently	y Excluded?	Yes [					
	Previous Exclusion Rec	cord?	Yes [					

Speci (SEN		al Needs Status	Full Statement of SEN Under Formal Assessn Enhanced Action/Fund School Action + School Action			
CME CAMH Healtl Youth Trave Secur	Involvement? IS Involvemen Authority Inv Offending Te	volvement? eam Involveme n Service Involv	t mental health) nt?	Yes	Contact Name	Contact No
Other	(Please give	brief details)				
For ir	nformation:	CAMHS =	children missing education community adolescent mer group intervention panel			
Addit	ional Inform	ation About Yo	our Application/School Pr	eferences		
E. Signa	ne information r, health visito  iture(s)  confirm that t	h relating to the br, social worke		time of this app	appropriate profese parate sheet if no	ssional (eg ecessary.
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.						
	nt(s)/Carer(s)			_		
	nt(s)/Carer(s) application in		our Area Pupil Access Tea			
NORTH	(Lancaster Email: Education	r, Wyre and Th	ne Fylde) eam.north@lancashire.gov x 606, White Cross, Lanc	v.uk aster, LA1 3SQ		
SOUTH	Email: Education	pupilaccess.s	West Lancashire and Cho outhadmissions@lancasl liff, Preston, PR1 3JT 2191 Secondary: 0177	hire.gov.uk		
EAST	ST (Ribble Valley, Hyndburn, Burnley, Pendle and Rossendale) Email: <u>pupil.accesseast@lancashire.gov.uk</u> Education Office, 44 Union Street, Accrington, BB5 1PL Tel: Primary: 01254 220742 and 220709 Secondary: 01254 220718					