

In Year Admission to Lancashire Schools Application Form

This form **must** be completed by parents resident in Lancashire in relation to **all** in year applications for school places (including schools in neighbouring areas). It **must** be completed in relation to transfer requests between any schools. You **must** complete an application for every child who requires a school place.

A. SCHOOL PREFERENCES (In Priority Order)

1. _____
2. _____
3. _____

B. GENERAL DETAILS OF PUPIL

Surname: _____ Unique Pupil No: _____

Forename(s) _____

Male Female

Pupil Address: (*Current*) _____

Postcode: _____

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

Contact Name	Contact No

If yes, to which Local Authority _____

Children's Services involvement? (Social Worker) Yes

Previously Permanently Excluded? Yes

Previous Exclusion Record? Yes

Special Educational Needs Status Full Statement of SEN

(SEN) Under Formal Assessment

Enhanced Action/Funding

School Action +

School Action

Should an emergency occur at school, it is sometimes necessary to contact someone with parental responsibility during the daytime. Please give telephone numbers where you may be contacted during school hours.

1st Contact: Parent/Person with parental responsibility telephone contact details:

Name: _____ Daytime Tel. No: _____

Parent/Carer email address _____

2nd Contact: Parent/Person with parental responsibility telephone contact details:

Name: _____ Daytime Tel. No: _____

Parent/Carer email address _____

If the nature of your occupation makes daytime contact difficult, please give the name and contact details of two persons who may be reached in an emergency to act on your behalf.

Name	Relationship	Daytime Tel No.
_____	_____	_____
_____	_____	_____

PLEASE ENSURE THAT YOU ADVISE THE SCHOOL PROMPTLY IF ANY OF THE CONTACT DETAILS CHANGE.

Ethnicity (please specify) _____ Home Language (please specify) _____

Doctor's name: _____ Tel No: _____

Address: _____

Does your child have any medical conditions the school needs to be aware of (e.g. Asthma/Allergies/Hearing) **YES/NO?**

If YES please give details _____

Please give any other information which you feel will be of use to the school, e.g. special interests, academic ability or need for special help:

