**In-Year-Admission form**

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| **Child's Legal Surname:** | **Child's Forename(s):** |
| **Child's Date-of-Birth:** | **School Year Group:** | **Age:** | **Male/Female:** |
| **Child's home address (current):****Postcode:** | **Child's new address (if you are moving):****Postcode:** |
| **Name of Parent/Guardian(s):** |
| **Contact details** | **Home number:** |
| **Mobile number:** |
| **Email address:** |

This form must be completed in relation to all applications for In Year Admissions to and from any Lancashire school. You must complete an application for every child (ie one each for twins) who requires a school place.

Please name your preferences of schools in priority order below

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| --- | --- |
| **School Preferences** | **Reason for transferring schools:** |
| **1.** |
| **2.** |
| **3.** |

Previous Schools/Educational Placements

|  |  |  |  |
| --- | --- | --- | --- |
| **Authority** | **Establishment Name/Address** | **Date to:** | **Date from:** |
|  |  |  |  |
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Details of siblings who will be attending the school now being applied for. (*Siblings include brothers and sisters, stepchildren, half brothers and sisters, adopted and foster children living with the same family at the same address).*

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| **Name(s)** | **Date of Birth** | **School** | **Male/Female** |
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**Pupil Background:**

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| --- | --- | --- |
| **(Previous Education/Support History *(Please tick as appropriate)*** | Yes | No |
| Is this pupil in care (looked after)?If yes, to which Local Authority |  |  |
| Children's Services involvement? (Social Worker)If yes, please provide social worker's name: |  |  |
| Previously Permanently Excluded? |  |  |
| Previous Exclusion Record? |  |  |
| Special Educational Needs Status(SEN) | Full Statement of SEN |  |  |
| Under Formal Assessment |  |  |
| Enhanced Action/Funding |  |  |
| School Action + |  |  |
| School Action |  |  |
| Non Attendance (over one term) |  |  |
| Children Missing Education Involvement? (non attendance) |  |  |
| CAMHS (community adolescent mental health service ) Involvement? |  |  |
| Health Authority Involvement? |  |  |
| Youth Offending Team Involvement? |  |  |
| Traveller Education Service Involvement? |  |  |
| Secure Unit Placement |  |  |
| GRIP Support (Group Intervention Panel) |  |  |
| Other: |  |  |

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| **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. |

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| **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** |

|  |  |
| --- | --- |
| Submit this application form to:Grimsargh St Michael’s SchoolPreston RoadGrimsarghPR2 5SD | **Email** bursar@grimsargh-st-michaels.lancs.sch.uk |
| **Telephone** 01772 653600 |