

Love Learning. Love God. Love One Another.

In-Year Admission form

<u>If your child has an EHCP and/or is Looked After, please do not complete this form and contact your area office.</u>

Reason for transferring Please tick appropriate box				
☐ Moving to Lancashire f☐ Moving from one area	of Lancashire to another (sfer within the same autho tion:	y (Please state Local Authority): Please state area):		
You must complete ar		d (i.e. one each for twin / sibling l place.	g) who requires a	
Child's Legal Surname:		Child's Forename(s):		
Child's Date-of-Birth:	School Year Group:	Age:	Male/Female:	
Child's home address (current):		Child's new address (if you are moving):		
Postcode:		Postcode: Date of move:		
Name of Parent/Guardian(s): Par Home address (If different to chi	, ,	s □ No □		
Postcode:				
Is English the first language spoken? By Parent: Yes \Box No \Box By Child: Yes \Box No \Box				
If no please state first language: Contact details	By Parent: Home number:	By Child:		
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Acting Headteacher: Mrs Suzanne Shrewsbury

Mobile number: Email address:



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Current School (If applicable)

Authority	Establishment Name/Address	Date from:	Date last attended:

Previous Schools/Educational Placements within the last 3 years

Authority	Establishment Name/Address	Date from:	Date last attended:

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).

Name(s)	Date of Birth	School	Male/Female

Pupil Background

(Previous Education/Support History (Plea	ase tick as appropriate)	Yes	No
Is this pupil in care (Looked After/Previously Looked After)?			
If yes, to which Local Authority			
Children's Services involvement?			
If yes, please provide social worker's name:			
Previously Permanently Excluded?			
Previous Exclusion Record?			
And the control of th	:		
Are you a Crown Servant? If you are UK service personnel or other Crown			
Servants living abroad with your family please tick YES. You will need to provide			
an official MOD, FCO or GCHQ letter declaring your relocation date and address.			
Special Educational Needs Status	Education Health and Care Plan		
(SEN)	(EHCP)		
	Under Formal Assessment		

Additional Information About Your Application/School Preferences

Acting Headteacher: Mrs Suzanne Shrewsbury



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

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. I/We give permission to contact the school where my child is currently attending to seek background information in respect of behaviour/attendance/the involvement of outside agencies.

Parent(s)/Guardian(s)	Date

Submit this application form to

FAO The Acting Headteacher Mrs Suzanne
Shrewsbury
c/o Miss Becky Brooks, Bursar
Poulton St Chads C of E Primary School
Hardhorn Road
Poulton-le-Fylde
Lancashire
FY6 7SR

Or via email bursar@poultonstchadsce.lancs.sch.uk

Telephone / Email

01253 883639 bursar@poultonstchadsce.lancs.sch.uk

Acting Headteacher: Mrs Suzanne Shrewsbury