**St Joseph’s Catholic Primary School**

**In-Year Admission Form**

*****Together we love, learn, follow Jesus*

|  |
| --- |
| Reason for transferring schools:  *Please tick appropriate box/s*   * *Moving to Lancashire from outside of the UK, please state which country:* * *Moving to Lancashire from another local authority, please state:* * *Moving from one area of Lancashire to another, please state:* * *School to school transfer within the same authority* * *Leaving private education* * *Leaving elective home education* * *Other, please state:* |

You must complete an application form for every child (i.e. for each sibling) who requires a place.

**Pupil Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legal Surname: | | | | | |
| Legal forename [s]: | | | | | |
| Date of birth: | | | | | |
| School year group | | | | | |
| Birth certificate seen: | Yes / No | Date: | Gender: | Male | Female |
| Current address:  Postcode:  New address if you are moving house:  Postcode:  Date of move:  Is this your child’s only residence Yes / No  If no please give details of alternative address: | | | | | |

**Parent Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | Forename: | | Surname: | |
| Does this contact have parental responsibility for the above named child? | | Yes | | No |
| Home address (if different to child's):  Postcode: | | | | |
| Telephone numbers: | | | | |
| Mobile: | Home: | | Work: | |
| Email address: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | Forename: | | Surname: | |
| Does this contact have parental responsibility for the above named child? | | Yes | | No |
| Home address: | | | | |
| Telephone numbers: | | | | |
| Mobile: | Home: | | Work: | |
| Email address: | | | | |

Is there any other person who the child would class as a “parent”? If so please provide their details below *(continue on a separate sheet if more than one)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | Forename: | | Surname: | |
| Does this contact have parental responsibility for the above named child? | | Yes | | No |
| Relationship to child: | | | | |
| Home address: | | | | |
| Telephone numbers: | | | | |
| Mobile: | Home: | | Work: | |
| Email address: | | | | |

**Emergency Contacts:**

Please provide the names of at least two other people who can be contacted by school in an emergency other than parents

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Telephone numbers: | | |
| Mobile: | Home: | Work: |
| Relationship to Child: | | |

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Telephone numbers: | | |
| Mobile: | Home: | Work: |
| Relationship to Child: | | |

**School Meals:**

|  |  |
| --- | --- |
| Lunchtime preference: | |
| School meal | Packed lunch from home |

Any special dietary requirements or known food allergies? (please specify): ………………………………………..……………………………………………

**Medical Information:**

|  |  |
| --- | --- |
| Please give details of any medical conditions that your child has, including any medication your child receives: | |
| Name of GP: | Medical Practice name: |

**Other Information:**

|  |  |
| --- | --- |
| Ethnicity: | Religion: |
| Country of Birth: | Nationality: |
| First Language: |  |

**School / Nursery History:**

**Current school**

|  |  |  |  |
| --- | --- | --- | --- |
| Authority | School Name / Address | Date from | Date last attended |
|  |  |  |  |

**Previous schools / educational placements attended within the last three years**

|  |  |  |  |
| --- | --- | --- | --- |
| Authority | School Name / Address | Date from | Date last attended |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Details of siblings who will be attending the school now being applied for. (This includes brothers, sisters, stepchildren, half siblings, adopted and foster children living with the same family at the same address).

|  |  |  |
| --- | --- | --- |
| Name(s) | Date of birth | School |
|  |  |  |
|  |  |  |
|  |  |  |

**Pupil Background:**

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Education / Support History (Please complete as appropriate) | | Yes | No |
| Is this pupil in care (Looked After / Previously Looked After)? If yes, which authority? | |  |  |
| Children's Services involvement?  If yes, please provide the name of the social worker: | |  |  |
| Previously permanently excluded? | |  |  |
| Previous exclusion record? | |  |  |
| 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 Education Needs Status (SEN) | Education Health & Care Plan (EHCP) |  |  |
|  | Under Formal Assessment |  |  |

**Additional Information:**

|  |
| --- |
| In support of your application / school preferences please provide any additional relevant details / documents. This could be medical, social or welfare information relating to the pupil and/or family; evidence from an appropriate professional (e.g. doctor, health visitor, social worker) and can be attached. Please continue on a separate sheet if necessary. |
|  |

|  |
| --- |
| Signatures(s) |
| I/we confirm that the information provided is accurate at the time of this application. Q/we acknowledge that the admission authority and/or Local Authority have the right to verify the information on this application. I/we acknowledge that the offer of a place will be based on 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 for the school where my child currently attends to seek background information in respect of behaviour / attendance / the involvement of outside agencies.  Please note, any personal information may be shared in accordance with our GDPR Policy and current legislation. For more details about the school's Privacy Notice visit our website. |
| Name (printed): |
| Signed: |
| Date: |

Once completed, this form should be submitted to:  
  
Miss D Dewhurst

Headteacher

Brindle St Joseph's Catholic Primary School

Bournes Row

Hoghton

Nr Preston

Lancashire

PR5 0DQ

For more information, please contact school:

Telephone 01254 853473

Email secretary@st-josephs-hoghton.lancs.sch.uk