

**St Christopher’s CE High School**

**In-Year Admissions Form**

Parents wishing to be considered under faith-based criteria need to complete and return the St Christopher’s Supplementary Form which is available from the [school website](https://www.st-christophers.org/schooldata/pages/About_Our_School/Prospectus%20and%20Admissions/SIF_2023%20Entry.pdf). **It is essential that this is done by parents who wish an application under this category to be considered.**

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

REASON FOR TRANSFERRING SCHOOLS:

*Please tick appropriate box(es)*

Moving to Lancashire from outside of the UK (Please state Country):

Text Here

Moving to Lancashire from another local authority (Please state Local Authority):

Text Here

Moving from one area of Lancashire to another (Please state area):

Text Here

School to School Transfer within the same authority

Leaving Private Education

Leaving Elective Home Education Other (Please state):

Text Here

**You must complete an application for every child (i.e. one each for twin / sibling) who requires a school place.**

1. PERSONAL DETAILS

|  |  |  |
| --- | --- | --- |
| **Child’s Legal Surname:** | Text Here |  |
| **Child’s Forename(s):** | Text Here |
| **School Year Group:** | Text Here |
| **Child’s Date of Birth:** | Text Here |
| **Age:** | Text Here |
| **School Year Group:** | Text Here |
| **Male/Female:** | Text Here |
| **Child’s Home Address:** | Text Here |
| **Postcode:** | Text Here |
| **Child’s New Address:**  *(if you are moving)* | Text Here |
| **Postcode:** | Text Here |
| **Date of Move:** | Text Here |

|  |  |
| --- | --- |
| **Name of Parent/Guardian(s):** | Text Here |
| **Parental Responsibility:** | Yes: No: |
| **Home Address:**  *(if different to child’s)* | Text Here |
| **Postcode:** | Text Here |
| **Home Number:** | Text Here |
| **Mobile Number:** | Text Here |
| **Email Address:** | Text Here |

|  |  |
| --- | --- |
| **Is English the first language spoken by parent?** | Yes: No: |
| **If no please state first language:** | Text Here |
| **Is English the first language spoken by child?** | Yes: No: |
| **If no please state first language:** | Text Here |

1. CURRENT SCHOOL (IF APPLICABLE)

|  |  |  |  |
| --- | --- | --- | --- |
| **Authority** | **Establishment Name/Address** | **Date From:** | **Date Last Attended:** |
| Text Here | Text Here | Text Here | Text Here |

1. PREVIOUS SCHOOLS/EDUCATIONAL PLACEMENTS WITHIN THE LAST 3 YEARS

|  |  |  |  |
| --- | --- | --- | --- |
| **Authority** | **Establishment Name/Address** | **Date From:** | **Date Last Attended:** |
| Text Here | Text Here | Text Here | Text Here |
| Text Here | Text Here | Text Here | Text Here |

1. DETAILS OF SIBLINGS WHO WILL BE ATTENDING THE SCHOOL 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:** |
| Text Here | Text Here | Text Here | Text Here |
| Text Here | Text Here | Text Here | Text Here |

1. PUPIL BACKGROUND:

|  |  |  |
| --- | --- | --- |
| **Previous Education/Support History** *(please tick as appropriate)***:** | **Yes:** | **No:** |
| **Is this pupil in care (Looked After/Previously Looked After)?** |  |  |
| **If yes, to which Local Authority** | Text Here |  |
| **Children’s Services involvement?** |  |  |
| **If yes, please provide social worker’s name:** | Text Here |  |
| **Previously Permanently Excluded?** |  |  |
| **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 (SEN) - Education Health and Care Plan (EHCP)** |  |  |
| **Special Educational Needs Status (SEN) - Under Formal Assessment** |  |  |

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

Text Here

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):** | Text Here |
| **Date:** | Text Here |

Please submit this application form to: Mrs A Walsh at [**a.walsh@st-christophers.org**](mailto:a.walsh@st-christophers.org)