

**Cardinal Allen Catholic High School In-Year Admission form**

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| **Reason for transferring schools:***Please tick appropriate box(s)*[ ] Moving to Lancashire from another local authority eg: Blackpool, Wigan etc (Please state Local Authority): [ ] Moving from another Lancashire School (Please state which school):[ ] Moving to Lancashire from outside of the UK (Please state Country):[ ] Leaving Private Education: [ ] Leaving Elective Home Education:[ ] Other (Please state): |

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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:****Date of move:** |
| **Name of Parent/Carer (s): Parental Responsibility: Yes** [ ]  **No** [ ] **Home address (If different to child’s):****Postcode:** |
| **Is English the first language spoken? By Parent: Yes** [ ]  **No** [ ]  **By Child: Yes** [ ]  **No** [ ] **If no please state first language: By Parent:       By Child:**  |
| **Contact details** | **Home number:**  |
| **Mobile number:** |
| **Email address:** |

This form must be completed in relation to all applications for In Year Admissions. You must complete an application for every child (i.e. one each for twin / sibling) who requires a school place.

Current School (If applicable)

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| **Authority** | **Establishment Name/Address** | **Date from:** | **Date last attended:** |
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Previous Schools/Educational Placements within the last 3 years

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| **Authority** | **Establishment Name/Address** | **Date from:** | **Date last attended:** |
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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 |
| Has this pupil ever been in care (ie: Looked After/Previously Looked After)?If yes, to which Local Authority |  |  |
| Is this pupil know to Children's Services involvement?If yes, please provide social worker's name: |  |  |
| Has this pupil been previously Permanently Excluded?If yes, from which school: |  |  |
| Has this pupil ever had a fixed term exclusion / suspension from school? |  |  |
| Special Educational Needs Status(SEND) | Education Health and Care Plan (EHCP) |  |  |
| Under Formal Assessment |  |  |

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| **Additional Information About Your Application** |
| 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 and should include any information regarding Special Educational Needs. Evidence from an appropriate professional (e.g. doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary. |

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**Please tick below to indicate the category which applies to your child.**

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| A. Children Looked After and previously Children Looked After (**i.e. CHILDREN IN CARE OR PREVIOUSLY IN CARE)** |  |
| B. Baptised Catholic children  |  |
| C. Children who are not Baptised Catholics who will have a sibling\* in the school at the expected time of admission. |  |
| D. Other Christian children  |  |
| E. Children who are not Baptised Catholics/Christians who currently attend one of the partner Catholic Primary Schools named above |  |
| F. Children of Staff\*\* |  |
| G. Other children  |  |

**Please note that**: For the purposes of admissions, a baptised Catholic is:

* Baptised into full communion with the Catholic Church
* Baptised in another Christian faith and received into full communion in the Roman Catholic faith.
* A Catechumen who wishes to be baptised and has been enrolled in a recognised course leading to baptism
* Additional guidance for Eastern Christian/Orthodox Churches is available on the school website or directly from school.
* \*Sibling refers to full brothers or sisters, half brothers or sisters, adopted brothers or sisters, or the child of the parent/carer’s partner where the child for whom the place is sought is living in the same family unit at the same address as that sibling. Stepchildren or foster children who live at the same address are also classed as siblings.

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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. I/We give permission for the Pupil Access Team to contact the school where my child is currently attending to seek background information in respect of behavior/attendance/the involvement of outside agencies. |
| **Parent(s)/Carer(s)** | **Date** |

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| Please return this form to Cardinal Allen Catholic High School.**If your child is baptised, please attached a copy of the baptism certificate** | **Telephone / Email**Admissions 01253 872659Mrs T Sales, Headteacher’s PA / Admissions Officert.sales@cardinalallen.co.uk |