

Reason for transferring schools:

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

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

□School to School Transfer within the same authority:

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

Please tick appropriate box(s)

□Leaving Private Education:

# Ellel St. John's Church of England Primary School

Chapel Street Galgate Lancaster. LA2 0JS Headteacher Mrs Joanna FitzGerald Tel: 01524 751320

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## **In-Year Admission form**

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

□Leaving Elective Home Ed □Other (Please state):	ucation:			
You must complete an app	olication for every child (i.	e. one each for twin / sib	oling) who requires a school place.	
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): 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 Chile	d:	
Contact details	Home number:			
	Mobile number:			
	Email address:			

### 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 I	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?			
Are you a Crown Servant? If you are UK Servants living abroad with your family pleas an official MOD, FCO or GCHQ letter declaring	se tick YES. You will need to provide		
Special Educational Needs Status (SEN)	Education Health and Care Plan (EHCP)		
	Under Formal Assessment		
Additional Information About Your Applica	ation/School Preferences		<u>'</u>

information relating to the pupil and/or the family. Evid health visitor, social worker) can be attached. Please co	dence from an ap			
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		Telephone / Email		