

## 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 Please tick appropriate box(			
☐ Moving to Lancashire f☐ Moving to Lancashire f☐ Moving from one area ☐ School to School Trans☐ ☐ Leaving Private Educat☐ ☐ Leaving Elective Home☐ Other (Please state):	rom another local authorit of Lancashire to another ( ofer within the same authoricion:	y (Please state Local Authority) Please state area):	:
You must complete ar		ld (i.e. one each for twin / siblir ol place.	ng) 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:	

By Child:

Name of Parent/Guardian(s): Parental Responsibility: Yes 

No

Is English the first language spoken? By Parent: Yes  $\square$  No  $\square$  By Child: Yes  $\square$  No  $\square$ 

Home number:
Mobile number:
Email address:

Home address (If different to child's):

If no please state first language: By Parent:

Postcode:

Contact details

## 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 (Please tick as appropriate)			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?			
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/Scho	ool Preferences		
Additional information About Your application/scho	be provided. This can be medical, social and welfare dence from an appropriate professional (e.g. doctor,		
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  Miss J Rimmer, School Business Manager St Francis of Assisi Catholic Primary Blakehall Skelmersdale Lancashire WN8 9AZ	Telephone / Email  01695 558560 bursar@sfoa.lancs.sch.uk		