**In Year Admission to St Augustine’s RCHS, Elker Lane, Billington, BB7 9JA**

**Application Form**

This form **must** be completed in relation to **all** applications for in year admissions to St Augustine’s RCHS.

It **must** also be completed in relation to transfer request between schools. You **must** complete an application for every child (ie one each for twins) who requires a school place.

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|  |  |
|  |
| **A.** | **GENERAL DETAILS OF PUPIL** |
|  |  |
|  | Surname: |       | Unique Pupil No: |       |
|  |
|  |  Forename(s) |       |
|  |
|  | Male [ ]  Female [ ]  |
|  |  |
|  | Pupil Address: *(Current)* |       |
|  |       | Postcode: |       |
|  |  |  |  |
|  | Date of Birth: |       | School Year Group: |       | (Yr 7, Yr 8 etc) |
|  |  |
|  | Name of Parents/Carers: |       |
|  |  |  |
|  | Telephone: |       |
|  |  |  |
|  | Pupil Address: *(Previous)* |       |
|  |       | Postcode: |       |
|  |  |  |
| Religious Affiliation | RomanCatholic [ ]  | Church of England  [ ]  | Other: | **Please attach a copy of the pupil’s Baptism Certificate if Roman Catholic** |
|  |  |  |
|  | Parents'/Carers' Address: |       |
|  | *(If different from pupil's)* |       |
|  |  |  |
|  | **Previous Schools/Educational Placements** |
|  |  |
| **Authority** | **Establishment Name/****Address** | **From** | **To** | **Tel No** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|  |  |
| **B. SIBLINGS AT THE SAME SCHOOL** |
| Details of siblings who will be attending the school now being applied for. (*Siblings includes 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** | **Female** | **Male** |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|  |  |
| **C. PUPIL BACKGROUND** |
|  |  |
| **(Previous Education/Support History *(Please tick as appropriate)*** |
|  | **Contact Name** | **Contact No** |
| Is this pupil in care (looked after)? | **Yes** [ ]  |  |  |
| If yes, to which Local Authority |  |
| Children's Services involvement? (Social Worker) | **Yes** [ ]  |  |  |
| Previously Permanently Excluded? | **Yes** [ ]  |  |  |
| Previous Exclusion Record? | **Yes** [ ]  |  |  |
|  |  |
| Special Educational Needs Status | Full Statement of SEND/EHCP | [ ]  |  |  |
| (SEND) | Under Formal Assessment | [ ]  |
|  | School Action / Support | [ ]  |
|  | Registered Disabled | [ ]  |
|  | Young Carer | [ ]  |
|  | Free School Meals | [ ]  |
|  | Parent in the Armed Forces | [ ]  |
|  | CAF | [ ]  |
|  | **Contact Name** | **Contact No** |
| Non Attendance (over one term) | **Yes**[ ]  |  |  |
| CME Involvement? (non attendance) | **Yes** **[ ]**  |  |  |
| ELCAS Involvement? (adolescent mental health) | **Yes** [ ]  |  |  |
| Educational Psychologist? | **Yes** [ ]  |  |  |
| Health Authority Involvement? | **Yes** [ ]  |  |  |
| Youth Offending Team Involvement? | **Yes**  **[ ]**  |  |  |
| Traveller Education Service Involvement? | **Yes** [ ]  |  |  |
| Secure Unit Placement | **Yes** [ ]  |  |  |
| GRIP Support | **Yes** [ ]  |  |  |
|  |  |
| Other (Please give brief details) |  |
|  |  |
| **For information:** | CME | = children missing education (non attendance) |
|  | ELCAS | = community adolescent mental health service |
|  | GRIP | = group intervention panel |
|  |  |
| **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 (eg doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary. |
|                 |
|  |  |
| **D. Signature(s)**I/We confirm that the information provided is accurate at the time of this application. I/We acknowledge that the admission authority (in this case the school) 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. |
|  | **Parent(s)/Carer(s)** |  | **Date:** |  |
|  | **Parent(s)/Carer(s)** |  | **Date:** |  |

Submit this application **immediately** to the Admissions Officer at:

**St Augustine’s RC High School**

**Elker Lane**

**Billington**

**Clitheroe**

**Lancashire**

**BB7 9JA**

**Tel: 01254 823362**

**Fax: 01254 822147**

**Email: info@sarchs.com**