**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 | | | | | | | | Roman  Catholic | | | | | | | | 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Authority** | | | | | | | | **Establishment Name/**  **Address** | | | | | | | | | | | | | **From** | | | | | | | **To** | | | **Tel No** | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | |  | | |
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| **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** | |
|  | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | |  | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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**