Accrington Academy
The best in everyone™
Part of United Learning

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.

Reason for transferring schools:
Please tick appropriate box(s)

☐Moving to Lancashire from outside of the UK (Please state Country):
☐Moving to Lancashire from another local authority (Please state Local Authority):
☐Moving from one area of Lancashire to another (Please state area):
☐School to School Transfer within the same authority:
☐Leaving Private Education:
☐Leaving Elective Home Education:
☐Other (Please state):

<table>
<tr><td colspan="2">Child's Legal Surname:</td><td colspan="2">Child's Forename(s):</td></tr>
<tr><td>Child's Date-of-Birth:</td><td>School Year Group:</td><td>Age:</td><td>Male/Female:</td></tr>
<tr><td colspan="2">Child's home address (current):

Postcode:</td><td colspan="2">Child's new address (if you are moving):

Postcode:
Date of move:</td></tr>
<tr><td colspan="4">Name of Parent/Guardian(s): Parental Responsibility: Yes ☐ No ☐

Home address (If different to child's):

Postcode:</td></tr>
<tr><td colspan="4">Is English the first language spoken? By Parent: Yes ☐ No ☐ By Child: Yes ☐ No ☐

If no please state first language: By Parent: By Child:</td></tr>
<tr><td rowspan="3">Contact details</td><td colspan="3">Home number:</td></tr>
<tr><td colspan="3">Mobile number:</td></tr>
<tr><td colspan="3">Email address:</td></tr>
</table>

You must complete an application for every child (i.e. one each for twin / sibling) who requires a school place.

Accrington Academy
Queens Road West
Accrington
BB5 4FF
t: 01254 304300
e: hello@accrington-academy.org
w: www.accrington-academy.org

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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)*		**Yes**	**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 (SEN)	Education Health and Care Plan (EHCP)		
	Under Formal Assessment		

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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 (e.g. doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary.

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:
Jo Shepherd
Accrington Academy
Queens Road West
Accrington
BB5 4FF

Telephone: 01254 304300
Email: joanne.shepherd@accrington-academy.org