



The Willows Catholic Primary School

Headteacher: Mrs. S. A. Barnett
 Victoria Road, Kirkham, PR4 2BT
 Telephone & Fax: 01772 684371
www.willows.lancs.sch.uk

IN YEAR ADMISSION FORM

Please complete one of these application forms for each child. If your child has an EHCP and / is Looked After, please do not complete this form; instead contact the Pupil Access Office.

Reason for transferring schools: *please tick all that apply.*

- ☐ Moving to Lancashire from outside of the UK
- ☐ Moving to Lancashire from another Local Authority
- ☐ Moving from one area of Lancashire to another
- ☐ School to School transfer within the same area
- ☐ Leaving Private Education
- ☐ Other

Child's Details:			
Surname:		Forename:	
Date of Birth:		Year Group:	
Age:		Gender:	
First Language:			
Current Home Address:		New Home Address if moving:	
		Postcode:	
Postcode:		Date of Move:	
Current School:			
Authority	School Name	Date from:	Date to:
Previous Schools in the last three years:			
Authority	School Name	Date from:	Date to:



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Parent Details:					Parent Details:				
Surname:					Surname:				
Forename:					Forename:				
Parental Responsibility:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Parental Responsibility:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
First Language:					First Language:				
Current Home Address – if different from child:					Current Home Address – if different from child:				
Postcode:					Postcode:				
Mobile Number:					Mobile Number:				
Home Number:					Home Number:				
Work Number:					Work Number:				
Email Address:					Email Address:				

Pupil Background:		
Education & Support	Yes	No
Is the pupil in care? (Looked After or Previously Looked After)	<input type="checkbox"/>	<input type="checkbox"/>
Is the child known to Children's Social Care?	<input type="checkbox"/>	<input type="checkbox"/>
Has the child ever been excluded – fixed term or permanently?	<input type="checkbox"/>	<input type="checkbox"/>
Is either parent a Crown Servant?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have Special Educational Needs?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have an Educational Health Care Plan?	<input type="checkbox"/>	<input type="checkbox"/>

Siblings:			
Full Name	Date of Birth	Relationship	Gender



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Additional information about your application:

You may choose to provide additional information – this could be medical, SEN or welfare information relating to the child or their family. Supporting evidence from a doctor, health visitor or social work may also be provided.

Signature(s):

I/We confirm that the information provided is accurate at the time of this application. I/We acknowledge that the school 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 / Guardian:

Date:

Parent / Guardian:

Date:

Please return this application form to:

By email, to:

bursar@willows.lancs.sch.uk

By post to:

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 Kirkham
 Preston
 Lancashire
 PR4 2BT