



Form issued by (print details)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tel. No: \_\_\_\_\_

**Walton-le-Dale High School**

## Walton-le-Dale In-Year Admission Form

*If your child has an EHCP and/or is Looked After, please do not complete this form  
and contact your Local Authority area office*

### Reason for transferring schools:

*Please tick appropriate box/boxes*

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

*This form must be completed in relation to all applications for In Year Admissions to and from Walton-le-Dale High School. You must complete an application for every child (i.e. one for each twin/sibling) who requires a school.*

<b>Child's Legal Surname:</b>		<b>Child's Forename(s):</b>	
<b>Child's Date of Birth:</b>	<b>School Year Group:</b>	<b>Age:</b>	<b>Male/Female:</b>
<b>Child's Home Address (current):</b>		<b>Child's new address (if you are moving):</b>	
<b>Postcode:</b>		<b>Postcode:</b> <b>Date of move:</b>	
<b>Name of Parent/Guardian(s):</b> Parental Responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Home Address (if different to child's):</b>			
<b>Postcode:</b>			
<b>Is English the first language spoken?</b> By Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> By Child: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>If not, please state the first language:</b> By Parent: By Child:			
<b>Contact details:</b>	<b>Home number:</b>		
	<b>Mobile number:</b>		
	<b>Email address:</b>		

*Please name your preferences of schools in priority order below:*

School preferences and school address
1.
2.
3.

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 <i>(please tick as appropriate)</i>		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		

#### 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 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 for staff 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:

**Walton-le-Dale High School**

Admissions, Walton-le-Dale High School,  
Brindle Road, Bamber Bridge, Preston,  
PR5 6RN.

Telephone: **01772 335726**

Email: **[admissionsandappeals@wldhigh.co.uk](mailto:admissionsandappeals@wldhigh.co.uk)**