



# APPLY ONLINE

 at [www.lancashire.gov.uk/schools](http://www.lancashire.gov.uk/schools)

 When you apply online at [www.lancashire.gov.uk/schools](http://www.lancashire.gov.uk/schools) you will:

- Receive an email acknowledgement when you press the submit button
- Be able to change your application up to the closing date
- Be able to view your offer on the offer date

*Please remember to press the 'submit' button each time you view your online application, (even if no changes are made).*

For office use

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Apply online OR complete and return this form to your Area Education Office (see website/booklet for address)  
 Please use black ink and write clearly in block capitals

## Admission to Primary Schools 2027-28 Application Form

THIS APPLICATION FORM IS FOR COMPLETION BY PARENTS RESIDENT IN LANCASHIRE.

Before completing this form all parents are strongly advised to read the primary school admissions information on the Lancashire County Council webpages at [www.lancashire.gov.uk/schools](http://www.lancashire.gov.uk/schools)

If you need advice on how to complete an application please contact your Area Education Office

### Part 1 – information about the child

|                                                                                                                                                                                                        |                                                                                          |         |        |      |                              |                               |                                         |               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------|--------|------|------------------------------|-------------------------------|-----------------------------------------|---------------|--|
| 1                                                                                                                                                                                                      | Name of child                                                                            | Surname |        |      | Forename(s)                  |                               |                                         |               |  |
| 2                                                                                                                                                                                                      | Date of birth                                                                            | Date    | Month  | Year | Boy <input type="checkbox"/> | Girl <input type="checkbox"/> | Twin / Triplet <input type="checkbox"/> | (please tick) |  |
| 3                                                                                                                                                                                                      | Nursery provider                                                                         |         |        |      |                              | Tel No.                       |                                         |               |  |
|                                                                                                                                                                                                        | National Health Number                                                                   |         |        |      |                              |                               |                                         |               |  |
| 4                                                                                                                                                                                                      | (a) Name of parent(s)/guardian(s)                                                        |         |        |      |                              |                               |                                         |               |  |
|                                                                                                                                                                                                        | (b) Address                                                                              |         |        |      |                              |                               |                                         |               |  |
|                                                                                                                                                                                                        | Postcode                                                                                 |         | Tel no |      | Email                        |                               |                                         |               |  |
| 5                                                                                                                                                                                                      | Which council charges Council Tax for the address where your child lives?                |         |        |      |                              |                               |                                         |               |  |
| 6                                                                                                                                                                                                      | If the child is not living permanently with the above parent(s)/guardian(s) please give: |         |        |      |                              |                               |                                         |               |  |
|                                                                                                                                                                                                        | (a) Name of person child usually lives with                                              |         |        |      |                              |                               |                                         |               |  |
|                                                                                                                                                                                                        | (b) Address                                                                              |         |        |      |                              |                               |                                         |               |  |
|                                                                                                                                                                                                        | Postcode                                                                                 |         | Tel No |      |                              |                               |                                         |               |  |
|                                                                                                                                                                                                        | Date when child started living with person at address in 6(b)                            |         |        |      |                              |                               |                                         |               |  |
| If there is a shared parenting arrangement both parents must confirm the details <b>at the outset</b> at question 13 (part 2) of this form (see the primary admission booklet, Section 2, paragraph B) |                                                                                          |         |        |      |                              |                               |                                         |               |  |

### 7 Details of siblings who will be attending primary school on 1 September 2027 (Brothers & sisters, stepchildren, half brothers & sisters, adopted & foster children living with the same family at the same address.)

| Name | Date of Birth | School | Female <input type="checkbox"/> | Male <input type="checkbox"/> |
|------|---------------|--------|---------------------------------|-------------------------------|
|      |               |        |                                 |                               |
|      |               |        |                                 |                               |
|      |               |        |                                 |                               |

| Part 2 – Additional Information |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                             |                                                          |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|----------------------------------------------------------|
| 8                               | Does the child have an Education, Health and Care Plan (EHC Plan)                                                                                                                                                                                                                                                                                                                                                                            |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                 | Is the child known to an Educational Psychologist?                                                                                                                                                                                                                                                                                                                                                                                           |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9                               | Do you consider your child to have a disability?<br><i>If yes, please give description</i>                                                                                                                                                                                                                                                                                                                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Description                                              |
| 10a                             | Is the child in care to any local authority?                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10b                             | Was the child previously in care and now adopted?                                                                                                                                                                                                                                                                                                                                                                                            |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10c                             | Is there a residence, guardianship or accommodation order?                                                                                                                                                                                                                                                                                                                                                                                   |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                 | Name of relevant Local Authority                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                                                          |
|                                 | Name of Social Worker                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                             |                                                          |
| 11                              | Is the child subject to a private fostering arrangement?                                                                                                                                                                                                                                                                                                                                                                                     |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                 | Contact agency                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | Tel No                      |                                                          |
| 12                              | Does a parent / guardian work at any of your school preferences?                                                                                                                                                                                                                                                                                                                                                                             |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                 | Name                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | School                      |                                                          |
|                                 | Name                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | School                      |                                                          |
| 13                              | <b>Additional information to support your application may be provided here.</b><br><i>This can be medical, social or 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.</i><br><b>Please do not include religious information in this section – see part 3 below *</b> |                              |                             |                                                          |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                             |                                                          |

| Part 3 – Statement of Preferences                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                              |                             |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|-----------------------------|----------------------------------------------------------|
| <p>Please state clearly your 3 primary preferences for the child. All primary preferences will be considered equally. You are therefore <b>strongly advised</b> to use all 3 preferences and to name 3 different establishments.</p> <p>Where more than one offer would be possible, the school which has an available place and which you have ranked highest priority will become the single offer.</p> <p><b>Your list of preferences may include schools within or outside of Lancashire. Your preferences may include Community and Voluntary Controlled Schools, Voluntary Aided Schools, Free Schools, Foundation Schools and Academies. Independent / Private Schools must <u>not</u> be included.</b></p> <p>I/ We, being the parent(s) / guardian(s) of the child named in part 1, would prefer him/her to be considered for admission to the following primary schools / academies in priority order:</p> |  |                              |                             |                                                          |
| First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                              |                             |                                                          |
| Second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                              |                             |                                                          |
| Third                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                              |                             |                                                          |
| * Do you have any religious affiliation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is your child baptised Catholic?                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If YES you should contact any Voluntary Aided or Foundation School which is included as a preference and obtain their supplementary information form (this is in addition to the formal application process).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                              |                             |                                                          |

|                                                                                                                                                                                                                                                                                                              |                      |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------|
| 14                                                                                                                                                                                                                                                                                                           | <b>Signature (s)</b> |      |
| <p>I / We have read the primary school information for parents and certify that the information given on this form is correct. The Local Authority reserves the right to verify the information given on this form. Any offer of a place will be on the basis that the information provided is accurate.</p> |                      |      |
| Parent / Carer                                                                                                                                                                                                                                                                                               |                      | Date |
| Parent / Carer                                                                                                                                                                                                                                                                                               |                      | Date |
| <p>If you apply on a paper form it is your responsibility to ensure that this is submitted to the Local Authority by 15 January 2027. Please ask for a receipt.</p>                                                                                                                                          |                      |      |

**Lancashire County Council is classed as an admissions authority and has a statutory obligation under The School Standards and Framework Act 1998 to collect and process this information.**