**Application for a school place in-year 2019/20**

Please read the accompanying guidance notes and privacy notice before completing this form.

The pupil’s parent/guardian should complete the form in BLOCK CAPITALS, and sign the declaration overleaf, to confirm they have parental responsibility.

**NB: *If your child has an Education, Health and Care plan, please contact the SEN team to request a change of school placement. Please do not complete this form.***

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| **Name of school you are applying for:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date the place is required:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s surname: Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any previous surname: \_\_\_\_\_\_\_\_\_\_\_ Male FemaleDate of birth: / / Current year group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s permanent address: \_\_\_   Postcode: \_\_\_\_\_\_\_   Current / previous school: Leaving date: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please provide details of the adult completing this form:** Title (for example, Mr/Mrs/Ms/Miss): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current address (if different from child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (daytime): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What is your relationship to the child? (for example, parent, step parent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have parental responsibility for this child? **YES / NO** Are you applying for a school place for any other children? **YES / NO** If yes, please provide details:

|  |  |
| --- | --- |
| Child’s name | Date of birth |
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| **Please provide reasons for changing your child’s school:**  |

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| SCHOOL USE ONLYReceived by school(date stamp) |
| Proof of address seen: Y / NCatchment checked Y / NSibling checked Y / NFaith evidence checked Y / N Year group \_\_\_\_\_\_Immed/SeptNo. of places available \_\_\_\_\_\_ |
| **Offer**Date offer sent \_\_\_\_\_\_\_\_\_\_\_Proposed start date\_\_\_\_\_\_\_\_\_\_ |
| **Refusal**Date refusal letter sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Waiting list**Refused applicants will automatically be added to the waiting listCriterion and distance on waiting list:Looked afterPreviously looked afterMedical Children of staffCatchment siblingDisplaced siblingCatchment faithCatchment otherOut-catchment siblingOut-catchment faithOut-catchment otherDistance: \_\_\_\_\_\_\_\_\_\_\_\_ |
| ADMISSIONS TEAM USE ONLYONE Sharepoint  |

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| Is the child in care, or has the child previously been in the care of the Local Authority? **YES/NO** If the child is in care, this application must be completed by the social worker. Evidence is required for children who were previously in care (see guidance notes)  |
| Is either parent a member of the UK Armed Forces? **YES/NO** |
| Is either parent a member of the staff at the school? **YES/NO** |
| Is there a sibling on the roll of the school\* or for whom an offer of a place has been accepted? **YES/NO***\*for infant or junior school applications, include any brother or sister at the linked infant or junior school.* If yes, please provide details below:

|  |  |  |
| --- | --- | --- |
| Child’s name | Date of birth | Year group |
|  |  |  |

**Displaced sibling**: *Tick the box if the sibling is attending this school because they were denied a place at their catchment school in the normal admissions round in a previous year and you still live within the same catchment area for that school. Also tick the box if the sibling was allocated a place as a consequence of an older sibling being denied a place at the catchment school as described above.* |
| For church schools only:Are you applying for this school on faith grounds? **YES/NO** *If yes, you must also complete a Supplementary Information Form (SIF), available from the school. Please return both this application form and SIF to the school.* |

**Declaration**

**I certify that I have parental responsibility and the information I have given on this form is correct to the best of my knowledge.** *(If you give false information the offer of a school place may be withdrawn).* **By signing below I also confirm that I have been provided with, read and understood the supporting privacy notice setting out how this information will now be processed, including confirming the lawful basis, any rights I have in regards this information and who to contact if I have any concerns regarding how my information is being handled.**

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to the school.**

Alternatively, you may send it to:

County Admissions Team, Children’s Services Department, Elizabeth II Court North,

Winchester, SO23 8UG.

For general enquiries: Tel: 0300 555 1377 email: admissions.team@hants.gov.uk

