**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 Female  Date 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 | |  |  | |  |  | |
| **Please provide reasons for changing your child’s school:** |

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| SCHOOL USE ONLY  Received by school  (date stamp) |
| Proof of address seen: Y / N  Catchment checked Y / N  Sibling checked Y / N  Faith evidence checked Y / N    Year group \_\_\_\_\_\_Immed/Sept  No. 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 list  Criterion and distance on waiting list:  Looked after  Previously looked after  Medical  Children of staff  Catchment sibling  Displaced sibling  Catchment faith  Catchment other  Out-catchment sibling  Out-catchment faith  Out-catchment other  Distance: \_\_\_\_\_\_\_\_\_\_\_\_ |
| ADMISSIONS TEAM USE ONLY  ONE 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](mailto:admissions.team@hants.gov.uk)

