

COMMON APPLICATION FORM

ADMISSION TO PRIMARY SCHOOL - SEPTEMBER 2012

Date received by LA

PUPIL DETAILS

SURNAME	DATE OF BIRTH
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FIRST NAME(S)	GENDER M <input type="checkbox"/> F <input type="checkbox"/>
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PUPIL'S ADDRESS AT THE TIME OF APPLICATION (we may seek proof of address)

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 Postcode

Home Tel No..... Mobile Tel No Email address

PRE SCHOOL SETTING LA

OTHER PARENT OR ADULTS

PLEASE GIVE YOUR NAME AND THE NAME(S) OF ANY OTHER PARENT(S) OR ADULT(S) WITH LEGAL PARENTAL RESPONSIBILITY FOR YOUR CHILD AND THEIR RELATIONSHIP TO YOUR CHILD

Mr/Mrs/Ms/Dr etc.	FORENAME	SURNAME	DAYTIME TEL. NO.
ADDRESS (if different from pupil's address)			RELATIONSHIP TO CHILD
Mr/Mrs/Ms/Dr etc.	FORENAME	SURNAME	DAYTIME TEL. NO.
ADDRESS (if different from pupil's address)			RELATIONSHIP TO CHILD

PREFERRED SCHOOLS

Please give the full names and Local Authorities of your			
1st Preference		LA	
2nd Preference		LA	
3rd Preference		LA	

If your preference is for a Voluntary Aided School, you must check with the school to see if a supplementary form needs to be completed.

Please tick any of the following reasons applicable to each of your preferred schools.

	1st Pref	2nd Pref	3rd Pref	4th Pref
Child in Care to the Local Authority				
Medical/Psychological (supporting information must be provided)				
Siblings in Preferred School (please provide details overleaf)				
Proximity and Ease of Access				
Religion or Faith (please state denomination)				
Feeder/Linked School (where applicable)				
Ease of Travel				
Single Sex School				
Selective School				
Specialist School				

* Please note that these reasons are not applicable to all schools. Please check individual school admission policies.



SIBLINGS

Names of elder brothers/sisters, including half brothers/sisters, already attending your preferred school(s) and expected to continue in the following school year.

Name of Sibling (and address if different from pupil)	School attending	Year Group (R,1,2)	D.O.B.

Does your child have a Statement of Special Educational Needs?

Yes No

Is your child Looked After by a Local Authority (often known as 'in care')?

Yes No

**Please tick
appropriate
box**

If so, please state which Local Authority:

OTHER RELEVANT CIRCUMSTANCES

Please include here any further information which you may consider relevant to your preference(s).

Continue on a separate sheet if necessary. You should be aware that places will be offered in accordance with the policies shown in the Starting School booklet.

PARENTS'/CARERS' DECLARATION

I declare that the information which I have provided is true. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I have received and read the 'Starting School' booklet.

NAME: Mr/Mrs/Ms/Dr etc Signed: Date:

PLEASE RETURN THIS FORM TO: School Organisation & Development Team, PO Box 70, Municipal Offices, Smith Street, Rochdale OL16 1YD no later than 13 January 2012. Applications received after this date will be considered after those received on time.

DATA PROTECTION ACT

The Council maintains a Register Entry in respect of Education, which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may also be shared with other relevant parties such as LA's, schools, other departments of the Council.

Verification of Information – the Council may verify information you have provided on this form, which could involve contacting other departments of the Council who maintain appropriate records. In instances where the information provided is different from that held by them they may use the information on this form.

Checklist: Before returning this form, have you:

- Read the 'Starting School' - A Guide for Parents/Carers Yes No
- Completed and returned any additional forms and evidence necessary for voluntary aided schools (please check the admission arrangements for each school for which you are applying)? Yes No
- Completed all the relevant sections of this form? Yes No
- Baptismal Certificate (if applicable) Yes No
- Provided e-mail address/or SAE for acknowledgement Yes No