

# 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.**

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:

**CONTINUE OVERLEAF**

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)

## 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