

# Application for a school place in-year 2016/17

Please read the accompanying guidance notes 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 a Statement of Educational Needs or 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 \_\_\_\_\_

Please indicate when school 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: \_\_\_\_\_

Catchment school: \_\_\_\_\_

Is the child 'in care' or been 'previously in care' of the local authority? **YES / NO**

Please note that an application on behalf of a children 'in care' can only be completed by the designated **Social Worker** (see Guidance notes).

Is either parent a member of the UK Armed Forces? **YES / NO**

Please tick this box if you are making an application for more than one child. Note: you must complete a separate application form for each child.

Other child's name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

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 junior or infant school.

If yes, please provide details below:

Full name of brother/sister: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current year group: \_\_\_\_\_

**Displaced sibling:**  Tick the box if the named brother or sister was allocated a place to start at the school in the normal admissions round in a previous year because no places were available at the catchment school for your address and you still live within the same catchment area. Also tick the box if the sibling was allocated a place at the school as a consequence of an older sibling being displaced from the catchment school, as described above.

**Church schools:** Tick the box if you are applying on faith grounds.

You will need to complete a Supplementary Information Form (SIF) which you can request from the school. Please return both this application form and SIF to the school.

**Children of staff:** Tick the box if you are a member of staff at the school.   
(Please see Guidance notes.)

**CONTINUE OVERLEAF**

Please provide your reasons for changing your child's school:

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

Current school contacted Y / N

Year group \_\_\_\_\_ Immed/Sept

No. of places available \_\_\_\_\_

Full name of adult completing form:

\_\_\_\_\_ Mr/Mrs/Ms/Miss

Telephone numbers: home: \_\_\_\_\_

other (daytime): \_\_\_\_\_ mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you have parental responsibility for the child named in this application? **YES / NO**

What is your relationship to the child? (Please tick relevant box).

Parent  Legal guardian  Step parent  Social Worker

Other relative / family friend / carer  (please state) \_\_\_\_\_

**Offer**

Date offer sent \_\_\_\_\_

Proposed start date \_\_\_\_\_

**Refusal**

Date refusal letter sent

\_\_\_\_\_

**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)

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

**The information you give will be processed electronically and stored on computer for administrative purposes in accordance with the Data Protection Act 1998.**

Please return this form to the school.

Alternatively you may send it to:

County Admissions Team, Children's Services Department, The Castle, Winchester, SO23 8UG.

For general enquiries: Tel: 0300 555 1377 email: [admissions.team@hants.gov.uk](mailto:admissions.team@hants.gov.uk)

**Waiting list**

Refused applicants will automatically be added to the waiting list

Criterion and distance on waiting list:

Looked after

Catchment sibling

Displaced sibling

Catchment faith

Catchment

Out-catchment sibling

Children of staff

Out-catchment faith

Out-catchment other

Distance: \_\_\_\_\_

**Admissions Team use only**

ONE

Hantsfile