 **Children and Young People’s**

**Department**

**PROTECT (when completed)**

# PRIMARY IN YEAR APPLICATION FORM

(To be completed by an adult who has parental responsibility for applying for a school place)

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| **SECTION 1 – CHILD AND PARENT/CARER DETAILS** |
| **Child Details**  Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forenames \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male [ ] Female [ ]  **Parent/carer details**  Last name of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name of parent \_\_\_\_\_\_\_\_\_\_\_\_\_ Mr/Mrs/Ms/Miss/Dr  Last name of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name of parent \_\_\_\_\_\_\_\_\_\_\_\_\_ Mr/Mrs/Ms/Miss/Dr  Address (including house number)**\***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home tel.no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime tel.no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile tel.no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School details**  Name and location of current/previous school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone number of current/previous school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \* **If moving house, please make sure you complete Section 3.** |

**Please give the name of up to three schools you wish your child to be considered for.**

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| **PREFERENCE** | **SCHOOLS** |
| **FIRST** |  |
| **SECOND** |  |
| **THIRD** |  |

If any of your preferences are because you would like your son/daughter to join **brother(s) or sister(s)** now attending that school, please indicate below **details of the other children**. Brother(s) or sister(s) must be **living at the same address.** Note that other relatives, such as cousins, are not counted as siblings.

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| **Name (in full)** | **Date of birth** | **Age** | **Current School** |
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| **SECTION 2 – PARENTAL RESPONSIBILITY** |
| Is there any Court ruling e.g. a Specific Issues Order, that determines who has authority to state a preference for a school place? Yes [ ] No [ ] |
| If YES please provide details below and attach a copy of the Court ruling. |
| Is this child living or coming to live with a person who **does not** have parental responsibility, for example, another relative, or a friend of the family? Yes [ ] No [ ] |
| If YES please provide details below. We may need to ask for additional information. |

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| **SECTION 3 – MOVING HOUSE?** |
| Is your application due to a change of address? Yes [ ] No [ ]    If **YES**, please provide details. We may ask for proof of residence. |
| New address: |
| Previous address: |
| Expected date of move: |

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| **SECTION 4 – ADDITIONAL INFORMATION** | |
| Is this child **in care** of a Local Authority? | Yes [ ] No [ ] |
| Was this child **previously in care** of a Local Authority? | Yes [ ] No [ ] |
| If **YES** to either or the above, which Authority is or was responsible?  Please also give Social Worker’s name and contact details. |  |
| **Note that if this form is for a child in care the Social Worker must complete this form and a copy of the updated PEP which supports the move must be attached.**  **If you answer YES to either of the above, we may request more information from you.** | |

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| Does this child have a **Statement** of Special Educational Needs or an Education Health and Care Plan? | Yes [ ] No [ ] |

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| Is this child a **British/EU citizen**? | Yes [ ] No [ ] |
| If a non-EU citizen, it will be necessary for you to provide a copy of the child’s current passport and visa. |  |
| What is the child’s first language?  If **Other** please say which one: | English [ ] Other [ ] |

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| Are there **medical reasons** for your preferences? | Yes [ ] No [ ] |
| If **YES**, please provide details. Evidence must be attached to this form, or give the name and address of a doctor to whom reference may be made. | |
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| Has this child been **Permanently Excluded** from any school? | Yes [ ] No [ ] |
| If **YES**, please state the name of the school and the date excluded. |  |

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| Is there any family member or ex-family member who is **not entitled** to have access to the information on this form? | Yes [ ] No [ ] |
| If **YES**, please give their name and relationship to the child. |  |

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| **SECTION 5 – REASONS FOR PREFERENCE** – this section **must** be completed |
| You may continue on a separate sheet of paper if required. Please note that if you do not give reasons in support of your preference, it may not be possible to give the same weight to such reasons at a later stage as would be given at the initial consideration. |
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**SUPPLEMENTARY INFORMATION FOR APPLICATIONS FOR FAITH SCHOOLS**

Parents are requested to complete this section of the preference form **if applying for Catholic Primary schools or Church of England Aided Primary Schools.**

**CATHOLIC PRIMARY SCHOOLS:** In the following boxes, **complete the ONE which applies to your child (Box A, B or C).**

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| **A**. Is your child **baptised** Catholic? | Yes [ ] No [ ] |
| Please name the Church and Year in which the baptism took place. |  |
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| **B**. Are you **planning** to have your child baptised Catholic? | Yes [ ] No [ ] |
| Please name the Church and Year in which the baptism will take place. |  |
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| **C**. If your child is not a Catholic, are you applying because you wish your child to have a Catholic education? | Yes [ ] No [ ] |

Note that the Governing Body reserve the right to check on information provided by parents, including evidence of a baptismal certificate. If you have any questions about completing this part of the Common Application Form, please contact the Headteacher of a Catholic Primary School or the Director of Schools for the Diocese, Curial Offices, 2 Park Road South, Birkenhead, phone 0151 652 9855.

**CHURCH OF ENGLAND AIDED PRIMARY SCHOOLS:** In the following boxes, **complete the ONE which applies to your child (Box D, E or F).**

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| **D**. Are you applying for a place because you worship at a **Church of England church**? | Yes [ ] No [ ] |
| If Yes, please name the Church: |  |
| If Yes, please give the name and address of the incumbent to whom reference may be made in connection with your attendance: |  |

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| **E**. Are you applying for a place because you worship at a **different Church**? | Yes [ ] No [ ] |
| If Yes, please name the Church: |  |
| If Yes, please give the name and address of the minister to whom reference may be made in connection with your attendance: |  |

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| **F**. If neither D or E apply but you wish your child to have a Church of England education, please tick here: |  |

**Any other reasons** for your preference, including involvement in the work and worship of a Church should be given in **Section 5** or on a separate sheet of paper. Note that the Governing Body reserve the right to check on information provided by parents, including evidence of church attendance.

**If you have any questions about completing this part of the Common Application Form, please contact the Headteacher of a Church of England Aided Primary School or the Director of Education for the Diocese, 5500 Daresbury Park, Daresbury, Cheshire WA4 4GE, telephone 01928 718834.**

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| **SECTION 6 – DECLARATIONS AND SIGNATURES** |
| **A. YOUR PERSONAL INFORMATION**  The information provided on this form will be processed in accordance with the Local Authority’s **School Admissions Privacy Notice**. Information will be treated as confidential and will be used only for the purpose of processing your child’s application for a school place in accordance with the School Admissions Code 2014. The Privacy Notice is in line with our duties as set out in the Data Protection Act 2018 and GDPR.  The information will be used by Wirral Local Authority and Governing Bodies of primary/secondary schools as Admission Authorities. They will apply the information to their published admission policies in order to allocate school places for children. Where there is a need to co-ordinate admission arrangements with neighbouring local authorities, pupil data may also be shared to ensure the efficient allocation of school places. The information given on this form and the outcome of this application will be shared with your child’s current school. Information about your child may also be shared with Members of Parliament or Local Councillors, if you ask them to act on your behalf. Proof of address or receipt of free school meals may be required and this might mean that we have to share the information you have provided on your parental preference form with other departments of the Council or relevant government agencies in order to verify the authenticity of pupils’ addresses or income status etc.  For further information please read the School Admissions Privacy Notice (www.wirral.gov.uk/schoolsand-learning/school-admissions/apply-primary-or-secondary-school-places) or contact the Council’s Data Protection Officer at DPO@wirral.gov.uk or by calling 0151 666 2020.  **You must provide consent for the Authority to use your information for the purpose of School Admissions. If you do not wish to provide consent, you cannot proceed with this application.** |
| **I declare that I have read and understood the terms of the notice.**  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_\_\_\_\_\_\_  Child's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please print) |
| **B. ALLOCATION OF PLACES**  The allocation of a place at a community or voluntary controlled primary school will be made in accordance with the arrangements set out in the Primary Education Booklet for Parents and the Wirral Co-ordinated Scheme. The allocation of a place at an academy, foundation, trust or voluntary aided primary school is made by the school's Governing Body in accordance with their admissions policy.  Your right to express a preference for a school some distance from your child's home does not carry with it the right to free travel to that school. We determine eligibility for free travel in accordance with the Authority's transport policy described in the Primary Education Booklet for Parents.  Before signing the preference form below, you are advised to read:   * The Authority's Information Booklet for parents, Primary Education in Wirral. * The admission policy of the school(s) for which you are indicating a preference.   You are also advised to speak to the headteacher of your child’s current school prior to submitting this form.  **The booklet for parents relating to Wirral schools and policies for Wirral schools may be found on** www.wirral.gov.uk/schooladmissions **or requested by calling 0151 666 2020.**  **The person completing and signing this form MUST be the person who has parental responsibility to state a preference for a school place.**  **If this form is for a child in care, a copy of the updated PEP which supports this move MUST be**  **attached.** (continues over the page) |
| **I declare that all information that I have given on this form is correct.**  **I understand that if at a later date this information is found to be incorrect I may lose any place offered to my child.**    Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_\_\_\_\_\_\_  Child's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please print)    **The Admissions Authority has the right to withdraw any place offered on the basis of a fraudulent or intentionally misleading application.**  Please post directly to :  **Mainstream Admissions Tel. no. 0151 606 2020**  **Wirral Council Fax. no. 0151 666 4450**  **Delivery Services, PO Box 290 Email: primaryplaces@wirral.gov.uk**  **Brighton Street, Wallasey, CH27 9FQ www.wirral.gov.uk/schooladmissions** |