| OFFICE USE ONLY | |
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| Date Received: | |
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COMMON ADMISSION APPLICATION FORM FOR IN YEAR ADMISSIONS



(Including applications to Voluntary Aided, Foundation, Trust, Academy and Free Schools)

Leicestershire residents only

It is very important that:

- You read all guidance notes and visit www.leicestershire.gov.uk/admissions for further information or contact School Admissions on Tel 0116 305 2070
- You complete all sections failure to do so may delay the processing of this form
- The person completing this form has legal responsibility for the child

| Section 1 - PUPIL DETAILS (please make sure ALL details are correct and amend if not) | | |
|--|-----------------------|--|
| First Name: | Surname: | |
| Male Female Date of Birth: | Tel No: | |
| Address: | Mobile No: | |
| | Email Address: | |
| | Current School: | |
| Postcode: | Preferred Start Date: | |
| Parent/Guardian details: | | |
| Mr/Mrs/Ms/Miss/Other: Print Name | ə: <u> </u> | |
| Is the pupil looked after or previously looked after by a Local Authority? Please name the Authority: | | |
| Section 2 - SCHOOL PREFERENCES (You must complete this section) | | |
| Our aim is to meet your first preference however there is no guarantee of a place even at your catchment area school. Therefore give consideration to making up to three school preferences, and to putting your catchment area school as one of your preferences. It is not necessary to name three schools unless you wish to do so. | | |
| 1) First preference: | | |
| Reasons i.e. catchment school, siblings, serious medical, exceptional social/domestic needs (professional documentation required), attach separate sheet if needed. | | |
| 2) Second preference: | | |
| Reasons i.e. catchment school, siblings, serious medical, exceptional social/domestic needs (professional documentation required), attach separate sheet if needed. | | |
| 3) Third preference: | | |
| Reasons i.e. catchment school, siblings, serious medical, exceptional social/domestic needs (professional documentation required), attach separate sheet if needed. | | |

| Section 3 - Additional Child/Family Information (completing this section may help us to give a higher priority to your case.) | | |
|--|--|--|
| Does the child have a Statement or Education Health and Care Plan? Yes No | | |
| If your child has mobility issues or is a wheelchair user and you wish to speak to an Admissions Officer about Partially Accessible or Pathway schools please contact Tel: 0116 305 2070. | | |
| Your relationship to the child: Parent: Carer: If Social Worker or Lead Professional: (please give full contact details): Father Foster Carer Step-parent Social Worker Does your child have a brother / sister already attending any of your preferred school(s) (Section 2) | | |
| YES NO If 'YES' please give full details below: | | |
| Name of Brother/Sister: Date of Birth: Year Group: Name of school they are attending: | | |
| 1 | | |
| Home Address if different to Section 1 | | |
| Is the child new to Leicestershire? Yes No If yes, where from? Please state your child's English language ability: Fluent Intermediate Beginner What is your child's first language? | | |
| Section 4 - DECLARATION | | |
| I declare all the information I have provided is true. I also understand that any allegation of false or fraudulent information to gain a school place will result in the Council taking reasonable steps to ascertain the accuracy of the information. If the information is found to be false it may result in my child losing their place. | | |
| Data Protection Act 1998. The information you supply will be held in a computer database which will be used by Leicestershire Local Authority and the other admissions authorities to which you are applying for a school place. The information will be used for the sole purpose of fulfilling the Local Authority's statutory and operational needs in the area of school allocations and associated matters. | | |
| Signature of Parent/Guardian: Date: | | |
| Whatte - Charle all completed postions and keep a convertible form | | |
| Check all completed sections and keep a copy of this form If you need any help, contact School Admissions. Tel: 0116 305 2070 from 8.30am to 5.00pm (4.30pm on Fridays). | | |
| • RETURN this form to: SCHOOL ADMISSIONS LEICESTERSHIRE COUNTY COUNCIL, COUNTY HALL, GLENFIELD, | | |
| LEICESTER LE3 8RF | | |