

### IMPORTANT THINGS TO REMEMBER WHEN FILLING IN THIS FORM

- Please read the [guidance notes](#) before you start to fill in the form.
- Please fill in the form in BLOCK CAPITALS using a black ball point pen.
- This application should be discussed with all those with parental responsibility for the child.
- The completed application form should be returned to the preferred Primary School. Please ensure that all three copies are handed in to the school. The form will be signed on behalf of the school and one copy return to you, or made available for you to collect.
- PLEASE KEEP THIS COPY SAFE AS IT MAY BE NEEDED FOR REFERENCE IN THE FUTURE.
- Please note that late applications will be processed after those submitted on time.

#### PART 1 - DETAILS OF THE CHILD AND THE PERSON MAKING THE APPLICATION

Surname of Child:

Other Name(s):

Home Address:

Postcode:

Date of Birth:  Boy:  Girl:  (Please tick correct box)

Child's Current Nursery Provision: (eg nursery class, private nursery)  (Please tick correct box)

If your child is baptised Roman Catholic, please tick this box:

**Ethnicity:** This section is used for monitoring equal opportunities only and is not compulsory

|                       |                          |                     |                          |                             |                          |                             |                          |
|-----------------------|--------------------------|---------------------|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| British               | <input type="checkbox"/> | Irish               | <input type="checkbox"/> | Traveller of Irish Heritage | <input type="checkbox"/> | Gypsy/Roma                  | <input type="checkbox"/> |
| White/Black Caribbean | <input type="checkbox"/> | White/Black African | <input type="checkbox"/> | White/Asian                 | <input type="checkbox"/> | Other White                 | <input type="checkbox"/> |
| Indian                | <input type="checkbox"/> | Pakistani           | <input type="checkbox"/> | Bangladeshi                 | <input type="checkbox"/> | Other Asian                 | <input type="checkbox"/> |
| Caribbean             | <input type="checkbox"/> | African             | <input type="checkbox"/> | Chinese                     | <input type="checkbox"/> | Any other Ethnic Background | <input type="checkbox"/> |

Is the Child in Public Care? (eg foster care)

Name of person making this application:

Relationship to child:

Applicant's telephone numbers: Home:  Work:

Name of the School to which you wish your child to be admitted:

Name of alternative School(s):

**PLEASE NOTE: PLACES AT OVERSUBSCRIBED SCHOOLS WILL BE ALLOCATED ON THE BASIS OF THE CRITERIA OUTLINED IN THE 'STARTING OUT' BOOKLET.**

Please give details of brothers and sisters of your child, who are currently attending your first preference school or the associated junior school:

| NAME OF BROTHER/SISTER | D.O.B | NAME OF BROTHER/SISTER | D.O.B |
|------------------------|-------|------------------------|-------|
|                        |       |                        |       |
|                        |       |                        |       |

If there are any other special family circumstances, which you wish to be taken into consideration, eg medical or exceptional family reasons, please tick the box below, marked SPECIAL CIRCUMSTANCES and complete the 'SPECIAL CIRCUMSTANCES' sheet giving details. This may include any special medical, learning or access needs of your child.

**PLEASE NOTE:** Many families have complex childcare arrangements and these are not usually considered to be exceptional. It is only if the circumstances are such that entry into a particular school is essential, that such circumstances will be considered

**SPECIAL CIRCUMSTANCES**

CONFIDENTIAL INFORMATION SHOULD BE SEALED IN AN ENVELOPE AND ATTACHED TO THIS FORM.

**Declaration:** I have read the information in the 'Starting Out' booklet, regarding the LEA Admission/Allocation criteria. I declare that the information above is correct and complete and has been discussed with all those with parental responsibility for the child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
(on behalf of the school)