

**LEARNING AND UNIVERSAL OUTCOMES
PRIMARY SCHOOL ADMISSIONS
APPLICATION FORM 2015/2016**

BEFORE YOU COMPLETE THIS FORM PLEASE READ THE INFORMATION ON OUR WEBSITE
For photocopying purposes, please complete clearly in block letters using black ink.

How we will use your information

The purpose for collecting personal details on the application is to allow the Council's Admissions Team to process your Application. The details provided may also be used in the future to ascertain your levels of satisfaction with the service provided.

Once the form has been completed the information will be stored in hard copy and on the Admissions Team's electronic database. Access to the information will be on a need-to-know basis and will be archived until 6 years after the child's 18th birthday (before being securely disposed of). The Council may share information about you in certain circumstances where the law allows. This could include sharing with other authorities and schools in order to process your admission application; or with external statutory bodies for the purposes of child protection or criminal investigations. Any sharing will always be done fairly and securely.

Applications will normally be processed on the basis of the home address for the child at the time of application and offer. The home address is considered to be the address at which the child resides on a permanent basis or is 'ordinarily resident'. This is generally the address of the parent/carer. The adult with whom the child is 'ordinarily resident' would receive the child benefit for the child. Please include your Council Tax Reference Number. The Admissions Team will cross reference the address you give on your application form against information we already hold about you within our Council Tax records.

Section 1

Surname of Pupil: First Names:

Date of Birth: Gender: Male Female
DAY MONTH YEAR (please tick as appropriate)

Name(s) of parent(s) or adult(s) with parental responsibility
Title (Mr/Mrs/Ms/Miss) Initials Surname

Daytime Tel No.

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Current Address at time of application:

Post Code:

Home Tel Number: Email:

Council Tax Reference Number:

Name of current nursery/pre-school:

Address of current nursery/pre-school:

Relationship to pupil:

Do you have parental responsibility for this child? Yes No

Does this child have a statement of Special Educational Needs/
Education Health Care Plan? Yes No

Is this child part of a multiple birth? (e.g. twin) Yes No

Is this child's parent/guardian a Crown Servant? (e.g. Armed Forces) Yes No

Is this child 'looked after' by a Local Authority? Yes No

Has this child previously been 'looked after' by a Local Authority? Yes No

If Yes, which Local Authority?

If you have an older child who will still be attending one of the schools you have nominated in September 2015, please give details below:

| Name | Gender | Date of Birth | School Attending |
|----------------------|---|----------------------|----------------------|
| <input type="text"/> | M <input type="checkbox"/> F <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | M <input type="checkbox"/> F <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

PLEASE INCLUDE ANY SCHOOLS OUTSIDE THURROCK YOU WISH TO APPLY FOR

Section 2

| Order of Preference | Name of School | Child of staff member? | | FOR OFFICE USE ONLY | |
|---------------------|----------------------|--------------------------|--------------------------|----------------------|----------------------|
| | | Yes | No | Criteria | Distance |
| 1st preference | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 2nd preference | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 3rd preference | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 4th preference | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| | | | | Logged | <input type="text"/> |

If a place cannot be offered at any of the above-named schools, a place will be offered at the nearest school that has a space available.

Section 3

a) Does your child have a medical reason why he/she should be given priority for admission to one of the school(s) in Section 2. Please give details below and attach doctor's letter/certificate, or other professional advice, e.g. social worker.

b) Does your child have a social reason why he/she should be given priority for admission to one of the school(s) in Section 2. Please give details below:

c) If there are any other reasons why your child should be given priority, please give details below:

Declaration:

I confirm that the information given on this form is correct; and that I understand the way in which places will be allocated.

Name of parent or adult with parental responsibility **(IN BLOCK CAPITALS PLEASE)**:

Signature of parent/carer:

Date:

PLEASE RETURN THE FORM BY THE CLOSING DATE OF 15 JANUARY 2015 TO THURROCK COUNCIL, LEARNING AND UNIVERSAL OUTCOMES, SCHOOL ADMISSIONS, PO BOX 118, GRAYS, RM17 6GF