

Primary & Secondary School Application for In-Year Admission

For office use only

Date received

This form should be completed by parents living in Croydon and applying for secondary and primary schools in Croydon and outside Croydon. Completed forms must be returned to the **School Admissions Team, Department for Children Young People and Learners, 2nd Floor SW Corner, Taberner House, Park Lane, Croydon CR9 1TP**. This form should not be completed in respect of a child who has a Statement of Special Educational Needs.

1. Your Child's Details

First name: **Middle name:** **Last name:**

Date of Birth: Day Month Year **Gender:** (Please circle) MALE FEMALE

Year Group (Please circle) Primary: Reception 1 2 3 4 5 6 Secondary: 7 8 9 10 11

Address: (This must be the address where the child normally lives)

..... Postcode

Is your child looked after by a Local Authority? e.g. Foster care (Please circle) YES / NO

If YES which Authority

Does your child have a statement of Special Educational Needs? (Please circle) YES / NO

If yes, please contact the SEN team of the local authority that maintains the Statement as a different statutory application process applies.

2. Parent/Carer Details

Title: (Please circle) Mr Mrs Miss Ms Dr **First name:** **Last name:**

Telephone numbers Home Mobile Other

Address (IF DIFFERENT FROM ABOVE)

..... Postcode

Relationship to child (PLEASE TICK)

Father Foster Father Step Father Mother Foster Mother Step Mother
 Carer* Other Family member

Other (PLEASE PROVIDE DETAILS)

Do you have parental responsibility? (Please circle) YES / NO

Are you a member of the Armed Forces or a Crown Servant applying for a school place as a result of a posting? YES / NO (please specify)

*You have a duty to inform the local authority if the child is fostered through a private arrangement with the child's birth family. Private fostering refers to carers who are NOT step-parents, grandparents, siblings, aunts or uncles and who do NOT hold parental responsibility.

3. Reason for Transfer

Please tick box that applies:

- New arrival to Croydon/UK from overseas (specify country)
- From another area within UK (specify area)
- Permanent exclusion from (specify school name)
- If permanently excluded please specify date
- Transfer from another Croydon school (specify school and reason for transfer)
- Other (specify)

4. Previous School Information

What is the name of your child's current or most recent school?

What is the address of this school?

Is your child still attending this school? (Please circle) YES / NO

If NO, please state his/her last day of attendance ____ / ____ / _____

5. School Preferences

Please state up to 6 schools for which you wish to apply. You must list the schools in the order which you prefer them.

PREFERENCES:

1	School name:
	Local Authority in which school is based
	Reason for preference:
	Sibling: Please provide the details of brother/sister already attending the school
	First name: Last name: Year group:
	Gender: (Please circle) MALE FEMALE Date of Birth: Day Month Year
2	School name:
	Local Authority in which school is based
	Reason for preference:
	Sibling: Please provide the details of brother/sister already attending the school
	First name: Last name: Year group:
	Gender: (Please circle) MALE FEMALE Date of Birth: Day Month Year
3	School name:
	Local Authority in which school is based
	Reason for preference:
	Sibling: Please provide the details of brother/sister already attending the school
	First name: Last name: Year group:
	Gender: (Please circle) MALE FEMALE Date of Birth: Day Month Year

School preferences continued.

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School name:

Local Authority in which school is based

Reason for preference:

Sibling: Please provide the details of brother/sister already attending the school

First name: **Last name:** **Year group:**

Gender: (Please circle) MALE FEMALE **Date of Birth:** Day Month Year

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School name:

Local Authority in which school is based

Reason for preference:

Sibling: Please provide the details of brother/sister already attending the school

First name: **Last name:** **Year group:**

Gender: (Please circle) MALE FEMALE **Date of Birth:** Day Month Year

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School name:

Local Authority in which school is based

Reason for preference:

Sibling: Please provide the details of brother/sister already attending the school

First name: **Last name:** **Year group:**

Gender: (Please circle) MALE FEMALE **Date of Birth:** Day Month Year

6. Supplementary Forms

In addition to applying on this application form, some schools require you to complete and return direct to them, a supplementary application form. Supplementary forms will be available direct from the school or from the Local Authority (LA) website. For schools requiring completion of a supplementary form, applications for the school can be properly considered only where:

- a) The school is included in the list of preferences on the application made to the LA and
- b) A supplementary application form has been submitted direct to the school

For a full list of Croydon schools requiring a Supplementary form please refer to the Croydon Council website. For other Admissions Authorities please refer to their respective websites.

7. Checklist

Before returning this form, please ensure that you have: (Please tick).

- Completed all the relevant sections of the form – failure to do so could delay your application.
- Enclosed any necessary supporting evidence (e.g. in support of a claim for medical priority or to confirm that the child is in public care).
- Completed and submitted additional supplementary application forms to the schools concerned where these are required
- Provided a written explanation if your name is not included on the electoral register at the address of your child's ordinary place of residence.

8. Fraudulent Claim

Croydon Council takes very seriously any attempt to gain an advantage in the admissions process by giving false information, and will investigate fraudulent claims. If we offer a place at a school and then discover that the offer was made on fraudulent or misleading information i.e. a false claim to living at an address, we will withdraw the place offered.

Where a place has been offered on false information and submitted, the offer can be withdrawn even after your child has started at the school. This could cause considerable distress, particularly for the child involved.

9. Declaration

I wish to make an application to the schools listed in Section 5, which I have ranked in order of my preference. I certify that I am the person with parental responsibility for the child named in Section 1 and that the information given is true to the best of my knowledge and belief. I understand that any false or deliberately misleading information given on this form and/or supporting papers, or any relevant information withheld, may render this application invalid and could lead to withdrawal of an offer of a secondary or primary school place for my child.

Signed Date ____ / ____ / ____

PRINT NAME

Fair Processing

Croydon Council will handle the information you have provided in line with the provisions of the Data Protection Act. Any personal information will be held in confidence with only the necessary people able to see or use it. Under the Data Protection Act, you have the right to make a formal request in writing for access to personal data held about you or your child.

Croydon Council has a duty under the Children's Act 2004 to work with partners to provide and improve services to children and young people in the area. Therefore, Croydon council may also use this information for other legitimate purposes and may share this information where necessary with other bodies responsible for administering services to children and young people. Croydon Council also has a duty to protect the public funds it administers, and to this end, it may use the information you have provided on this form for the prevention and detection of fraud.

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Admission Officer's Notes