

Year Group 7 Admissions

APPLICATION FORM – SEPTEMBER 2011

- Do not complete this form if your child has a statement of special educational needs.
- Please consult your case officer for advice if a statutory assessment is in progress.
- Please read 'How to Apply' before completing this form.
- Please complete this application form in black ink and in block capitals.

When completed this form should be returned to: Student Access & Support Team, South Gloucestershire Council, Department for Children and Young People, PO Box 2082, Council Offices, Castle Street, Thornbury, South Gloucestershire, BS35 9BQ, **NO LATER than 31 OCTOBER 2010.** Applications received after this date will not normally be considered until all applications received by the closing date have been considered.

Section 1: Pupil Details

1) First Name(s): 3) Gender (M/F):

2) Surname:

4) Date of Birth: DD MM YY

5) Child's Current Home Address and Postcode:

.....
 Postcode:

6) Current Primary School:

7) Current School Address and Postcode (if this is not a South Gloucestershire School):

.....
 Postcode:

8) If child is subject to a Care Order or is accommodated by Social Services, enter name of local authority

.....

9a) Tick box if the child has a Statutory Assessment of Special Educational Needs in progress

9b) Tick box if the child has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities and this requires admission to the school applied for

Section 2: Parent / Carer Details

1) Title:..... 2) Initials:..... 3) Surname:.....

4) Address (if different from child's home address in section 1)

Please note: this is the address to which all correspondence will be sent

.....

..... 5) Postcode:.....

At least one telephone number should be supplied

6) Home:..... 7) Work:..... 8) Mobile:.....

9) What is your Relationship to the child?.....

(e.g. Mother, Father, Step Parent, etc.)

10) Please tick the box if you have Parental Responsibility for the child:

11) Security Password: *

* **Optional Boxes:** If you supply a security password this must be provided when making any enquiries about the progress of this application.

Section 3: School First Preference Details

Fill in Section 3 for your first preference school.

Fill in Sections 4 and 5 for your further preference schools that you wish to apply for.

1) Name of First Preference School:.....

2) Postcode or Address of First Preference School:.....

.....

3) Tick one or more of the following boxes to indicate reason(s) for your preference:

Older Sibling at School* Medical Reason Religion or Faith

Please note: Whilst all admission authorities will have regard to the reasons for your school preference, giving reasons for your preference does not guarantee a place at your preferred school or mean that admission authorities can deviate from their published admission policies.

Use the space below to provide additional information to support your application for this school.

.....

* If you ticked the box above to indicate that the child has an older Brother or Sister (Sibling) who will be attending this school in the same school year that this application is for, fill in the Sibling details overleaf.

Section 3: School First Preference Details cont'd...

4) Sibling First Name: 5) Gender (M/F):

6) Sibling Surname:

7) Date of Birth: DD MM YY

8) Sibling's Home Address and Postcode (if different from child's home address in section 1):

 Postcode:

Section 4: School Second Preference Details

1) Name of Second Preference School:.....

2) Postcode or Address of Second Preference School:.....

3) Tick one or more of the following boxes to indicate reason(s) for your preference:

Older Sibling at School* Medical Reason Religion or Faith

Please note: Whilst all admission authorities will have regard to the reasons for your school preference, giving reasons for your preference does not guarantee a place at your preferred school or mean that admission authorities can deviate from their published admission policies.

Use the space below to provide additional information to support your application for this school.

* If you ticked the box above to indicate that the child has an older Brother or Sister (Sibling) who will be attending this school in the same school year that this application is for, fill in the Sibling details overleaf.

4) Sibling First Name: 5) Gender (M/F):

6) Sibling Surname:

7) Date of Birth: DD MM YY

8) Sibling's Home Address and Postcode (if different from child's home address in section 1):

 Postcode:

If applying for a Voluntary Aided school, the school may require proof of Baptism for child/parent and completion of an additional information form. Please refer to individual schools for more information.

Section 5: School Third Preference Details

1) Name of Third Preference School:

2) Postcode or Address of Third Preference School:

3) Tick one or more of the following boxes to indicate reason(s) for your preference:

Older Sibling at School* Medical Reason Religion or Faith

Please note: Whilst all admission authorities will have regard to the reasons for your school preference, giving reasons for your preference does not guarantee a place at your preferred school or mean that admission authorities can deviate from their published admission policies.

Use the space below to provide additional information to support your application for this school.

.....

* If you ticked the box above to indicate that the child has an older Brother or Sister (Sibling) who will be attending this school in the same school year that this application is for, fill in the Sibling details overleaf.

4) Sibling First Name: 5) Gender (M/F):

6) Sibling Surname:

7) Date of Birth: DD MM YY

8) Sibling's Home Address and Postcode
 (if different from child's home address in section 1):

.....
 Postcode:

Section 6: Declaration

Please Sign and Date this form and return it to the address shown at the top of page 1. If you knowingly give false or misleading information in order to obtain a place at a particular school any place allocated may be withdrawn.

The Information I give in this form is true.

Signature:

Date: DD MM YY

Data Protection: This application will be held in the Student Access & Support Team of South Gloucestershire Council. It will be held securely as both manual records and as electronic files. This information may be shared with the Council in order to fulfil our overall strategic goals. It may also be shared with other statutory authorities and related professional bodies. This could include sharing information for the purpose of consultation and educated related issues.