

Children and Young People's Department

PROTECT (when completed)

PRIMARY IN YEAR APPLICATION FORM

(To be completed	by an adult who h	as parenta	I responsibility for app	lying for a school place)
SECTION 1 – CHILD A	ND PARENT/CAR	RER DETA	ILS	
Child Details				
Last name:		Forenames		
Date of Birth:		_ Male [] Female []	
Parent/carer details				
Last name of parent		First na	me of parent	Mr/Mrs/Ms/Miss/Dr
Last name of parent		First na	me of parent	Mr/Mrs/Ms/Miss/Dr
Address (including hous	se number)*			
 			Postcode	e:
Home tel.no		Daytime t	el.no	
Mobile tel.no		e-mail address		
School details				
Name and location of co	urrent/previous sch	100l		
Telephone number of co				re you complete Section 3.
Please give the name		_		
PREFERENCE			SCHOOLS	
FIRST				
SECOND				
THIRD				
sister(s) now attendir	ng that school, plea	ase indicat	e below details of th	ughter to join brother(s) or ne other children. Brother(s) wes, such as cousins, are not
Name (in full)	Date of birth	Age	Current School	

SECTION 2 – PARENTAL RESPONSIBILITY	
Is there any Court ruling e.g. a Specific Issues Order, that determine state a preference for a school place?	nes who has authority to Yes [] No []
If YES please provide details below and attach a copy of the Court	truling.
Is this child living or coming to live with a person who does not ha example, another relative, or a friend of the family?	ve parental responsibility, for Yes [] No []
If YES please provide details below. We may need to ask for addit	ional information.
SECTION 3 – MOVING HOUSE?	
Is your application due to a change of address?	Yes [] No []
If YES , please provide details. We may ask for proof of residence.	
New address:	
Previous address:	
Expected date of move:	
SECTION 4 – ADDITIONAL INFORMATION	
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	Yes [] No [] Yes [] No []
Is this child in care of a Local Authority?	
Is this child in care of a Local Authority? Was this child previously in care of a Local Authority? If YES to either or the above, which Authority is or was	
Is this child in care of a Local Authority? Was this child previously in care of a Local Authority? If YES to either or the above, which Authority is or was responsible?	Yes [] No [] ust complete this form and a
Is this child in care of a Local Authority? Was this child previously in care of a Local Authority? If YES to either or the above, which Authority is or was responsible? Please also give Social Worker's name and contact details. Note that if this form is for a child in care the Social Worker manner.	Yes [] No [] ust complete this form and a stached.
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Is this child in care of a Local Authority? Was this child previously in care of a Local Authority? If YES to either or the above, which Authority is or was responsible? Please also give Social Worker's name and contact details. Note that if this form is for a child in care the Social Worker macopy of the updated PEP which supports the move must be at the support of the above, we may request more the composition of the above, we may request more the child have a Statement of Special Educational Needs or an Education Health and Care Plan? Is this child a British/EU citizen? If a non-EU citizen, it will be necessary for you to provide a copy	Yes [] No [] Sust complete this form and a stached. e information from you. Yes [] No []

Are there medical reasons for your preferences?	Yes [] No []	
If YES , please provide details. Evidence must be attached to this form, or give the name and address of a doctor to whom reference may be made.				
Has this child been Permanently Excluded from any school?	Yes [] No []	
If YES , please state the name of the school and the date excluded.				
Is there any family member or ex-family member who is not entitled to have access to the information on this form?	Yes [] No []	
If YES, please give their name and relationship to the child.				
SECTION 5 – REASONS FOR PREFERENCE – this section must You may continue on a separate sheet of paper if required. P reasons in support of your preference, it may not be possible reasons at a later stage as would be given at the initial consideration	lease note to give th	that if yo		
J J				

SUPPLEMENTARY INFORMATION FOR APPLICATIONS FOR FAITH SCHOOLS

Parents are requested to complete this section of the preference form if applying for Catholic Primary schools or Church of England Aided Primary Schools.

CATHOLIC PRIMARY SCHOOLS: In the following boxes, complete the ONE which applies to your child (Box A, B or C).

Yes [

] No [

A. Is your child baptised Catholic?

place.

Please name the Church and Year in which the baptism took

B. Are you planning to have your child paptised Catholic?	Yes [] NO [J	
Please name the Church and Year in which the baptism will take place.				
C. If your child is not a Catholic, are you applying because you wish your child to have a Catholic education?	Yes [] No []	
Note that the Governing Body reserve the right to check on information pr of a baptismal certificate. If you have any questions about completing Form, please contact the Headteacher of a Catholic Primary School or th Curial Offices, 2 Park Road South, Birkenhead, phone 0151 652 9855.	this part	of the Comr	non Äpplicati	ion
CHURCH OF ENGLAND AIDED PRIMARY SCHOOLS: In the fol which applies to your child (Box D, E or F).	lowing bo	oxes, comp	lete the Ol	NE
D. Are you applying for a place because you worship at a Church of England church?	Yes [] No []	
If Yes, please name the Church:				
If Yes, please give the name and address of the incumbent to whom reference may be made in connection with your attendance:				
E. Are you applying for a place because you worship at a different Church?	Yes [] No []	
If Yes, please name the Church:				
If Yes, please give the name and address of the minister to whom reference may be made in connection with your attendance:				
F. If neither D or E apply but you wish your child to have a Church of England education, please tick here:				

Any other reasons for your preference, including involvement in the work and worship of a Church should be given in **Section 5** or on a separate sheet of paper. Note that the Governing Body reserve the right to check on information provided by parents, including evidence of church attendance.

If you have any questions about completing this part of the Common Application Form, please contact the Headteacher of a Church of England Aided Primary School or the Director of Education for the Diocese, 5500 Daresbury Park, Daresbury, Cheshire WA4 4GE, telephone 01928 718834.

SECTION 6 – DECLARATION AND SIGNATURE

The allocation of a place at a community or voluntary controlled primary school will be made in accordance with the arrangements set out in the Primary Education Booklet for Parents and the Wirral Co-ordinated Scheme. The allocation of a place at an academy, foundation, trust or voluntary aided primary school is made by the school's Governing Body in accordance with their admissions policy.

Your right to express a preference for a school some distance from your child's home does not carry with it the right to free travel to that school. We determine eligibility for free travel in accordance with the Authority's transport policy described in the Primary Education Booklet for Parents.

Before signing the preference form, you are advised to read:

- The Authority's Information Booklet for parents, Primary Education in Wirral.
- The admission policy of the school(s) for which you are indicating a preference.

You are also advised to speak to the headteacher of your child's current school prior to submitting this form.

The booklet for parents relating to Wirral schools and policies for Wirral schools may be found on www.wirral.gov.uk/schooladmissions or requested by calling 0151 666 2020.

The person completing and signing this form MUST be the person who has parental responsibility to state a preference for a school place.

If this form is for a child in care, a copy of the updated PEP which supports this move MUST be attached.

I declare that all information that I have given on this form is correct. I understand that if at a later date this information is found to be incorrect I may lose any place offered to my child.

Signed:	_ (Parent/Guardian)	Date
Signed:	_ (Parent/Guardian)	Date
Child's Name(Please print)		

Wirral Council processes personal data in accordance with the Data Protection Act 1998. The information you provide on your preference form will be used by the Childen & Young Peoples Department and Governing Bodies of primary/secondary schools as Admission Authorities. They will apply the information to their published admission policies in order to allocate school places for children. Where there is a need to co-ordinate admission arrangements with neighbouring local authorities, pupil data may also be shared to ensure the efficient allocation of school places. The information given on this form and the outcome of this application will be shared with your child's current primary school. Information about your child may also be shared with Members of Parliament or Local Councillors, if you ask them to act on your behalf.

Proof of address may be required and this might mean that we have to share the information you have provided on your parental preference form with other departments of the Council in order to verify the authenticity of pupils' addresses.

The Admissions Authority has the right to withdraw any place offered on the basis of a fraudulent or intentionally misleading application.

Please post directly to :

Mainstream Admissions
Children & Young Peoples Department
Hamilton Building, Conway Street
Birkenhead, Wirral, CH41 4FD

Tel. no. 0151 606 2020 Fax. no. 0151 666 4450

Email: hotdesk@wirral.gov.uk

www.wirral.gov.uk/schooladmissions