

Children and Young People's Department

PROTECT (when completed)

# PRIMARY IN YEAR APPLICATION FORM

(To be completed by an adult who has parental responsibility for applying for a school place)

SECTION 1 - CHILD AN	D PARENT/CAR	RER DETA	ILS									
Child Details												
Last name:		Forenames										
Date of Birth:		_ Male [	_ Male [ ] Female [ ]									
Parent/carer details												
Last name of parent		First name of parent Mr/Mrs/Ms/Miss/Dr			r							
Last name of parent		First na	First name of parent Mr/Mrs/Ms/Miss/Di				r					
Address (including house	number)*											_
				Postc	ode:							-
Contact Daytime tel.no				_								
e-mail address:												
School details												5-6
Name and location/postco	ode of current/pre	evious sch	ool									
,	•											
Telephone number of curr	ent/previous sch	nool										
·	·											-
	^ IT	moving no	ouse, please	• таке	sur	e yo	u co	omp	lete	Sec	ctioi	า 3.
Please give the name of	up to three sch	nools you	wish your c	hild to	be	cons	side	red	for.			
PREFERENCE			SCHOO	LS								
FIRST												
SECOND												
THIRD												
If any of your preferen	ces are becaus	se vou wo	ould like vou	ır son	/dau	ahtei	r to	ioin	br	othe	r(s)	or
sister(s) now attending	that school, plea	ase indicat	e below <b>det</b> a	ails of	the	oth	er c	hild	ren.	Bro	othe	r(s)
or sister(s) must be <b>livi</b> counted as siblings.	ng at the same	address.	Note that oth	ner rel	lative	es, si	uch	as c	cous	ins,	are	not
Ţ.												
Name (in full)	Date of birth	Age	Current Sc	hool								

If any of your preferences are for **faith schools** (Catholic or Church of England Schools) you are advised to complete the **supplementary information** page at the back of this application.

SECTION 2 – PARENTAL RESPONSIBILITY				
If more than one person has parental responsibility, there must be				
preferences. The Authority cannot become involved in parental disputes. Is there any Court ruling				
e.g. a Specific Issues Order, that determines who has authority to				
state a preference for a school place?	Yes [ ] No [ ]			
If <b>YES</b> please provide details below and attach a copy of the Court	ruling			
Is this child living or coming to live with a person who does not have	•			
example, another relative, or a friend of the family?	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 [ ]			
is your application due to a change of address?	Yes [ ] No [ ]			
If <b>YES</b> , please provide details. We may ask for proof of residence.				
New address:				
Previous address:				
Expected date of move:				
F				
SECTION 4 – ADDITIONAL INFORMATION				
Is this child in care of a Local Authority?*	Yes [ ] No [ ]			
is this child in care of a Local Authority!				
Was this child <b>previously in care</b> of a Local Authority?*	Yes [ ] No [ ]			
If <b>YES</b> to either or the above, which Authority is or was responsible	22			
	7:			
Please also give Social Worker's name and contact details.				
Note that if this form is for a child in care the Social Worker m				
copy of the updated PEP which supports the move must be at				
*If you answer YES to either of the above, we may request more information	on from you.			
Does this child have an Education Health and Care Plan?	Yes [ ] No [ ]			
Is this child a British/EU citizen?	Yes [ ] No [ ]			
	160 [ ] 140 [ ]			
If a non-British or EU citizen, you must provide a copy of your and your child's current passport and visa with the application.				
	Fralish [ ] Other [ ]			
What is the child's first language?	English [ ] Other [ ]			
If <b>Other</b> please say which one:				
Are there <b>medical reasons</b> for your preferences?	Yes [ ] No [ ]			
If <b>YES</b> , please provide details in Section 5. Evidence must be attacked and address of a dectar to whom reference may be made.	ched to this form, or give the name			
and address of a doctor to whom reference may be made.				

Has this child been <b>Permanently Excluded</b> from any school?	Yes [	] No [	]
If <b>YES</b> , please state the name of the school and the date excluded.			
Is there any family member or ex-family member who is <b>not entitled</b> 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 be completed
You may continue on a separate sheet of paper if required. Please note that if you do not give reasons in support of your preference, it may not be possible to give the same weight to such reasons at a later stage as would be given at the initial consideration. PLEASE BEAR IN MIND THAT WHAT YOU WRITE HERE WILL BE PROVIDED TO YOUR CHILD'S CURRENT SCHOOL AS WELL AS YOUR PREFERENCE SCHOOLS.

## **SECTION 6 – DECLARATIONS AND SIGNATURES**

#### A. YOUR PERSONAL INFORMATION

The information provided on this form will be processed in accordance with the Local Authority's **School Admissions Privacy Notice**. Information will be treated as confidential and will be used only for the purpose of processing your child's application for a school place in accordance with the School Admissions Code 2014. The Privacy Notice is in line with our duties as set out in the Data Protection Act 2018 and GDPR.

Where necessary this information will be shared with various internal Council teams, and with external agencies, including other Local Authorities and Schools, the Department for Education, Office of the Schools Adjudicator, the Education Skills Funding Agency, the Local Government and Social Care Ombudsman and the NHS Community Trust where required in relation to other legal, statutory or other regulatory obligations or requirements. In order to verify the authenticity of pupils' addresses or income status this information may be shared with Council Tax and Housing Benefit teams. Information about your child may also be shared with Members of Parliament or Local Councillors, if you ask them to act on your behalf.

For further information please read the School Admissions Privacy Notice (www.wirral.gov.uk/schools-and-learning/school-admissions/apply-primary-or-secondary-school-places) or contact the Council's Data Protection Officer at <a href="mailto:DPO@wirral.gov.uk">DPO@wirral.gov.uk</a> or by calling 0151 606 2020.

You must provide consent for the Authority to use your information for the purpose of School Admissions. If you do not wish to provide consent, you cannot proceed with this application.

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#### **B. ALLOCATION OF PLACES**

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. If travel to school is an issue for your preferences, you are advised to check whether your child would be eligible prior to submitting an application.

Before signing the preference form below, 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 is available at www.wirral.gov.uk/schooladmissions or can be requested by calling 0151 606 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 I have read and understood Section 6A and the terms of the privacy notice and consent to the Authority using this information for the purpose of School Admissions including sharing information where necessary with internal and external bodies.

I declare that I have read and understood Section 6B. I have read the Information for Parents Booklet and the admission criteria for my preferred schools. I have discussed the reasons for my transfer request with the Headteacher of my child's current school.

I agree that where more than one person has parental responsibility for this child, agreement over the preferences has been reached. I understand that failure to do so may result in a delay in this application and legal resolution may need to be sought.

I declare that all information that I have given on this application form, including the supplementary information form, is correct. I understand that the Admissions Authority has the right to withdraw any place offered on the basis of a fraudulent or intentionally misleading application and that if at a later date the information provided is found to be incorrect I may lose any place offered to my child.

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Signed:		(Parent/Guardian)	Date	
Signed:		(Parent/Guardian)	Date	
Child's Name	9			
(Please print	)			
Please post Wallasey, Ch	directly to: Mainstream Adr 127 9FQ	missions, Delivery Services,	PO Box 290, Brighton	on Street,
or				
email to	primaryplaces@wirral.gov.ul	<u>k</u>		

### 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?

Please name the Church and Year in which the baptism took

place.				
<b>B</b> . Are you <b>planning</b> to have your child baptised Catholic?	Yes [ ] No [ ]			
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 provided by parents, including evidence of a baptismal certificate. If you have any questions about completing this part of the Common Application Form, please contact the Headteacher of a Catholic Primary School or the Director of Schools for the Diocese, Curial Offices, 2 Park Road South, Birkenhead, phone 0151 652 9855.				
CHURCH OF ENGLAND AIDED PRIMARY SCHOOLS: In the fol which applies to your child (Box D, E or F).	llowing boxes, complete the ONE			
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 of the application form** 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.