

SECONDARY IN YEAR APPLICATION FORM

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

NAME OF SCHOOLS REQUESTED		Current Year Group
FIRST		
SECOND		
THIRD		

SECTION 1 – CHILD AND PARENT/CARER DETAILS	
Child Details	
Last name: _____ Forenames _____	
Date of Birth: _____ Male [<input type="checkbox"/>] Female [<input type="checkbox"/>]	
Parent/carer details	
Last name of parent _____ First name of parent _____ Mr/Mrs/Ms/Miss/Dr	
Last name of parent _____ First name of parent _____ Mr/Mrs/Ms/Miss/Dr	
Address (including house number)* _____	

_____ Postcode: _____	
Home tel.no. _____ Daytime tel.no. _____	
Mobile tel.no. _____ e-mail address _____	
School details	
Name and location of current/previous school _____	

Current/previous school type (circle): Mainstream Special PRU Other	
Telephone number of current/previous school _____	
* If moving house, please make sure you complete Section 3.	

If any of your preferences are because you would like your son/daughter to join **brother(s) or sister(s)** now attending that school, please indicate below **details of the other children**. Brother(s) or sister(s) must be **living at the same address**. Note that other relatives, such as cousins, are not included.

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 determines who has authority to state a preference for a secondary school? Yes [] No []

If **YES** 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 parental responsibility, for example, another relative, or a friend of the family? Yes [] No []

If **YES** please provide details below. We may need to ask for more 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

Is this child **in care** of a Local Authority? * Yes [] No []

Was this child **previously in care** of a Local Authority? * Yes [] No []

If **YES** to either or the above, which Authority is or was responsible?

Please give Social Worker's name and contact details.

Note that if this form is for a child in care the Social Worker must complete this form and a copy of the updated PEP which supports the move must be attached.

*** If you answer YES, we may request more information from you.**

Does this child have a **Statement** of Special Educational Needs or an Education Health and Care Plan ? Yes [] No []

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 this child a **British / EU citizen**? Yes [] No []

If a non-British / EU citizen, it will be necessary for you to provide a copy of the child's and parent's current passport and visa.

What is the child's first language? English [] Other []

SECTION 7 – DECLARATION and SIGNATURE

The allocation of a place at a community secondary school will be made in accordance with the arrangements set out in the Secondary Education Booklet for Parents and the Wirral Co-ordinated Scheme. The allocation of a place at an academy, foundation, trust or voluntary aided secondary 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 Secondary Education Booklet for Parents.

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

- The Authority's Information Booklet, Secondary Education in Wirral
- The admission policy(s) 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 all Wirral schools may be found on www.wirral.gov.uk/schooladmissions or on request 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 Children & 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 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**