

In Year Application Form

(Please tick appropriate box)

Has the child's current/previous school been advised of this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do we have permission to contact the child's current/previous school with regards to this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of School you wish to apply for:	Year Group:
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Child Details

Surname:	Date of birth: / /
Forename(s):	Male <input type="checkbox"/> Female <input type="checkbox"/> (Please tick <input checked="" type="checkbox"/> appropriate box)
Current Address:	Address in Cheshire West and Chester to which you are moving: (if applicable)
Postcode:	Postcode: Date of moving: / /
Telephone contact numbers:	
Email address: (if applicable)	

Date place required:	Reason for changing school:
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School currently attending/last school attended:	Date Child left: (if applicable)
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(Please tick appropriate box)

	Yes	No
Is the child 'Cared for' by a Local Authority (in public care)? Is the child previously looked after but ceased to be so because they were adopted (or became subject to a residence, or special guardianship order) ? If yes, please state below which Local Authority, Social Worker details and a contact number:		
Is your child baptised Roman Catholic ?		
Does your child have a Statement of Special Education Needs/Education, Health and Care Plan?		
Is your child permanently excluded from school?		
Is the child's parent a crown servant as defined by School Admissions Code?		



Applicant's Details

Mr/Mrs/Miss/Ms/Dr etc	Initials	Surname	Daytime Telephone No:
Address(es): (If different from pupil's address)			
Email address: (where available)			Relationship to Child

Siblings (and any other children living at the same address). A sibling means the brother, sister, stepbrother or stepsister, half brother or half sister living together as part of one household, already attending the preferred school and expected to continue at the school in the following year.

Sibling's Name:	School and Year Group	Date of Birth / /
Does the sibling reside at the same address as the applicant? If no, please provide details. Yes <input type="radio"/> No <input type="radio"/>		

Other Relevant Circumstances. Please include here any further information which you consider may be relevant to your preference. Continue on a separate sheet, if necessary. Please provide full details of **dual residency**, if applicable.

I declare that all the information which I have provided is true. I understand that any school/academy place offered on the basis of fraudulent or intentionally misleading information may be withdrawn.

Signed:	Mr/Mrs/Miss/Ms/Dr etc
PRINT NAME:	Date:

Data Protection The Council/School/Academy maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may also be shared with other local authorities and Primary Care Trusts.

Verification of Information The Council/School/Academy may verify information you have provided on this form which could involve contacting other departments of the Council who maintain appropriate records. In instances where the information provided is different from that held by them they may use the information on this form.

Once completed, please return this form to:

If you require an acknowledgement please provide a stamped address envelope with your application

For office use only

Date received:	/ /
Date offer/refusal letter sent:	/ /