

# Application for a school place in-year 2023/24

Please read the accompanying guidance notes and privacy notice before completing this form. The pupil's parent/guardian should complete the form in BLOCK CAPITALS, and sign the declaration overleaf, to confirm they have parental responsibility.

**NB: If your child has an Education, Health and Care plan, please contact the SEN team to request a change of school placement. Please do not complete this form.**

Name of school you are applying for:

Date the place is required

Child's surname: Forename(s):

Any previous surname: Male  Female

Date of birth: / / Current year group:

Child's permanent address:

Postcode:

Current / previous school: Leaving date:

Please provide details of the adult completing this form:

Title (for example, Mr/Mrs/Ms/Miss):

Surname: Forename(s):

Current address (if different from child):

Home phone: Mobile phone: Other (daytime):

Email address:

What is your relationship to the child? (for example, parent, step parent):

Do you have parental responsibility for this child? YES / NO

Are you applying for a school place for any other children? YES / NO If yes, please provide details:

Child's name	Date of birth

Please provide reasons for changing your child's school:

CONTINUE OVERLEAF

Is the child in care, or has the child previously been in the care of the Local Authority or state care outside of England? **YES/NO**

If the child is in care, this application must be completed by the social worker. Evidence is required for children who were previously in care (see guidance notes)

Is either parent a member of the UK service personnel or a crown servant returning from overseas? **YES/NO**

Are you applying for this school on exceptional medical/social grounds? **YES/NO**

If yes, you must attach to this application, evidence from a professional to support your request.

Is either parent a member of the staff at the school? **YES/NO**

Is there a sibling on the roll of the school\* or for whom an offer of a place has been accepted? **YES/NO**

*\*for infant or junior school applications, include any brother or sister at the linked infant or junior school.*

If yes, please provide details below:

Child's name	Date of birth	Year group

**Displaced sibling:**  Tick the box if the sibling is attending this school because they were denied a place at their catchment school in the normal admissions round in a previous year and you still live within the same catchment area for that school. Also tick the box if the sibling was allocated a place as a consequence of an older sibling being denied a place at the catchment school as described above.

For church schools only:

Are you applying for this school on faith grounds? **YES/NO**

*If yes, you must also complete a Supplementary Information Form (SIF), available from the school. Please return both this application form and SIF to the school.*

## Declaration

**I certify that I have parental responsibility and the information I have given on this form is correct to the best of my knowledge. (If you give false information the offer of a school place may be withdrawn). By signing below, I also confirm that I have been provided with, read, and understood the supporting privacy notice setting out how this information will now be processed, including confirming the lawful basis, any rights I have in regards this information and who to contact if I have any concerns regarding how my information is being handled.**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the school.**

Alternatively, you may send it to:

County Admissions Team, Children's Services Department, Elizabeth II Court North,

Winchester, SO23 8UG.

Tel: 0300 555 1377 email: [admissions.team@hants.gov.uk](mailto:admissions.team@hants.gov.uk)

## SCHOOL USE ONLY

Received by school  
(date stamp)

Proof of address seen: Y / N

Catchment checked Y / N

Sibling checked Y / N

Faith evidence checked Y / N

Year group \_\_\_\_\_ Immed/Sept

No. of places available \_\_\_\_\_

### Offer

Date offer sent \_\_\_\_\_

Proposed start date \_\_\_\_\_

### Refusal

Date refusal letter sent  
\_\_\_\_\_

### Waiting list

Refused applicants will automatically be added to the waiting list

Criterion and distance on waiting list:

Looked after

Previously looked after

Medical

Children of staff

Catchment sibling

Displaced sibling

Catchment faith

Catchment other

Out-catchment sibling

Out-catchment faith

Out-catchment other

Distance: \_\_\_\_\_

## ADMISSIONS TEAM USE ONLY

ONE  SharePoint