



SCHOOL ADMISSIONS APPLICATION FORM (IN YEAR)

Please use this form if you are an **Islington resident** applying for a school place in Islington or another local authority. Please complete in **BLACK INK**.

1. Your Child's Details

First name		Last name									
Date of Birth: Day _____	Month _____	Year _____	Gender (PLEASE CIRCLE)			MALE / FEMALE					
Year Group (Please circle)		Primary: Reception 1 2 3 4 5 6					Secondary: 7 8 9 10 11				
Address										Postcode	
Is your child looked after by a Local Authority? e.g. Foster care (PLEASE CIRCLE)										YES / NO	
If YES which Authority _____											
Does your child have a statement of Special Educational Needs? (PLEASE CIRCLE)										YES / NO	
If yes, please contact the SEN team of the local authority that maintains the Statement as a different statutory application process applies.											

2. Parent/Carer's Details

Name of parent (BLOCK CAPITALS)			
Telephone numbers	Home	Mobile	Other
Address (IF DIFFERENT FROM ABOVE)			Postcode
Relationship to child (PLEASE TICK)			
<input type="checkbox"/> Father	<input type="checkbox"/> Foster Father	<input type="checkbox"/> Step Father	
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster Mother	<input type="checkbox"/> Step Mother	
<input type="checkbox"/> Carer*	<input type="checkbox"/> Other Family member		
Other (PLEASE PROVIDE DETAILS) _____			
Are you a member of the Armed Forces or a Crown Servant applying for a school place as a result of a posting? YES / NO (please specify) _____			
*You have a duty to inform the local authority if the child is fostered through a private arrangement with the child's birth family. Private fostering refers to carers who are NOT step-parents, grandparents, siblings, aunts or uncles and who do NOT hold parental responsibility.			

3. School Information

What is the name of your child's current or most recent school? _____

What is the address of this school? _____

Is your child still attending this school? (Please circle) YES / NO

If **NO**, please state his/her last day of attendance? _____ / _____ / _____

Please state which school(s) you wish to apply for:

Preference 1 _____ **Which local authority?** _____

Preference 2 _____ **Which local authority?** _____

Preference 3 _____ **Which local authority?** _____

Does your child have brothers or sisters living at the same address currently attending any of the above schools? (Please circle) YES \ NO

If **YES**, which school(s)? _____

Name of sibling(s) _____ date(s) of birth _____

Please state whether you have a **social or medical** reason for applying for a place at a particular school, or any other reason.
Professional evidence **must** be provided under social or medical reasons: _____

Have you discussed your reason for wanting to move your child to a different school with the Headteacher or Head of Year at your child's current school? (Please circle) YES / NO

4. Fair Access Admissions

We would like to ensure that Islington children without a school place are found a suitable school as quickly as possible. If there are no vacancies in any Islington schools, we may ask schools to go over their published admission number (except at Key Stage 1 i.e. Reception and Years 1 & 2) if any of the categories listed below apply to your child.

To help us do this, please tick any box relevant to your child and provide written evidence, where applicable, with the completed application form:

- Is a refugee/asylum seeker
- Is homeless
- Is a traveller
- Is a carer
- Has been permanently excluded or is at risk of permanent exclusion
- Is known to the police or is returning from the criminal justice system
- Has a history of serious attendance problems
- Has Special Educational Needs (but without a Statement of SEN)
- Has a disability or medical condition
- Is aged between 14 and 16 and English is not your child's first language
Please state his/her first language: _____

ADDITIONAL DOCUMENTS REQUIRED:

- A **photocopy** of your most recent Council Tax bill, tenancy agreement, mortgage or rent statement **and**
- Child Benefit letter or Family Tax Credit documentation (not older than one year)

If you are applying for a school place because of a **social or medical** reason, then please provide:

- Professional evidence (e.g. a letter from a doctor or educational psychologist) and a letter from you explaining why this is the **only** school that can meet your child's needs.

PRIVACY NOTICE

London Borough of Islington will handle the information you have provided in line with the provisions of the Data Protection Act. Any personal information will be held in confidence with only the necessary people able to see or use it. Under the Data Protection Act you have the right to make a formal request in writing for access to personal data held about you or your child.

Islington has a duty under the Children's Act 2004 to work with partners to provide and improve services to children and young people in the area. Therefore Islington may also use this information for other legitimate purposes and may share this information where necessary with other bodies responsible for administering services to children and young people. Islington also has a duty to protect the public funds it administers, and to this end it may use the information you have provided on this form for the prevention and detection of fraud.

For more information please contact the Family Information Service on 0207 527 2000 or email FIS@islington.gov.uk or visit the web page: www.islington.gov.uk/legal

DECLARATION

I confirm that the information I have provided on this form is correct. I understand that you may request further evidence to verify the information provided. I understand that this information may be shared in accordance with the privacy notice above.

If you deliberately provide false information you must expect that we will withdraw any offer of a school place.

Signed _____ Date _____ / _____ / _____

FOR OFFICE USE ONLY New Arrival School Transfer • Fair Access • Pupil Summary request • Date _____

UPN Number: _____

Start Date _____

Officer's Name: _____ Dept: _____ Tel: _____ Date: _____