

KENT SECONDARY COMMON APPLICATION FORM 2015

For pupils transferring to secondary school in September 2015

Born between 1 September 2003 and 31 August 2004



SCAF

OFFICE USE ONLY

Please complete in **BLOCK CAPITALS** and tick the relevant boxes

DO NOT COMPLETE THIS FORM IF...

- Your child has a Statement of Special Educational Needs
- You have already completed a form Online

DO REMEMBER

- To fully read the booklet and understand how preferences will be dealt with and places allocated
- To return this form to your child's Primary School by 31st October 2014
- To tick the CIPC box if your child is or has been in Public Care

CHILD'S DETAILS

Forename Surname

Date of Birth Male/Female

Date of Birth should be between 1st September 2003 and 31st August 2004

Child's Home Address in full:

(This address will be used on all future correspondence unless otherwise notified. Please use house numbers and names where possible)

 | Postcode

CHILD'S CURRENT SCHOOL

LA No: DFE No: School Name:

Is your child in Public Care? - Please tick box if YES

If so, which Local Authority is the corporate parent?

Is your child adopted, or subject to a residence or special guardianship order, having previously been in public care? Please tick box if YES

A child in Public Care (Looked After Child) means a person under the age of 18 years for whom the Local Authority provides accommodation by agreement with their parents/carers (Section 22 of the Childrens Act 1989) or who is the subject of a care order under Part IV of the act. Children who are looked after under an agreed series of short-term placements such as respite are excluded.

Does your child have a Statement of Special Educational Needs? Please tick box if YES

PARENT/CARER DETAILS

Title Forename Surname

Relationship to child Email Address

Phone numbers 1 2

Which authority do you pay your council tax to?

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YOU CAN NAME UP TO FOUR SCHOOLS ON THIS FORM.

When making the offer, the Local Authority will ensure that:

- a place will be offered at the highest available ranked preference your child is eligible for, or
- if a place cannot be offered at any school named on the form, a place will be offered at an alternative school

1st Preference

LA No:

DFE No:

SCHOOL NAME:

.....

Will you have any other children (siblings) attending this school in September 2015? If YES enter details below

Forename: _____

Surname: _____

Date of Birth: _____

Male/Female: _____

2nd Preference

LA No:

DFE No:

SCHOOL NAME:

.....

Will you have any other children (siblings) attending this school in September 2015? If YES enter details below

Forename: _____

Surname: _____

Date of Birth: _____

Male/Female: _____

3rd Preference

LA No:

DFE No:

SCHOOL NAME:

.....

Will you have any other children (siblings) attending this school in September 2015? If YES enter details below

Forename: _____

Surname: _____

Date of Birth: _____

Male/Female: _____

4th Preference

LA No:

DFE No:

SCHOOL NAME:

.....

Will you have any other children (siblings) attending this school in September 2015? If YES enter details below

Forename: _____

Surname: _____

Date of Birth: _____

Male/Female: _____

PLEASE NOTE

- If you would like to express reasons for any of your preferences please attach a separate sheet.
- Schools can only take into account reasons that apply to their oversubscription criteria.
- If you named a Voluntary Aided/Foundation school or Academy that requires a Supplementary Information Form (SIF) please ensure you return it to the school.

Declaration by Parent/Carer

I declare that the information 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 allocated to my child.

Title

Full Name

Date

Signature