

# KENT SECONDARY COMMON APPLICATION FORM 2018

For pupils applying for a YEAR 7 place born between 1 Sep 2006 and 31 Aug 2007



## PLEASE READ THE INFORMATION BELOW BEFORE COMPLETING YOUR APPLICATION

### Kent Boroughs

To apply using this form you must pay your Council Tax to one of the following boroughs.

**ASHFORD • CANTERBURY CITY • DARTFORD • DOVER • GRAVESHAM • MAIDSTONE  
SEVENOAKS • SHEPWAY • SWALE • THANET • TONBRIDGE & MALLING • TUNBRIDGE WELLS**

If you pay your Council Tax to Medway, Bexley, Bromley, East Sussex, West Sussex etc you need to apply to them directly, *DO NOT USE THIS FORM.*

**WHICH AUTHORITY DO YOU PAY YOUR COUNCIL TAX TO?**

### Education Health and Care Plan Children

**DOES YOUR CHILD HAVE AN EDUCATION HEALTH AND CARE PLAN**

Yes

No

If your child has an Education Health and Care Plan you should not apply for them using this form. Please contact their SENCO who will be able to advise you of how to apply for a School place.

### Crown Servant

If you are UK service personnel or other Crown Servants living abroad with your family please tick YES. You will need to provide an official MOD, FCO or GCHQ letter declaring your relocation date and confirming your relocation address. This must be sent to Admissions, Room 2.20, Sessions House, Maidstone, Kent, ME14 1XQ.

**ARE YOU A CROWN SERVANT?**

Yes

No

Future Address in the UK

Date of Posting

### Looked after children

**Children in Local Authority Care or Previously in Local Authority Care** – a 'looked after child' or a child who was previously looked after but immediately after being looked after became subject to an adoption, child arrangements, or special guardianship order. A looked after child is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services functions (see the definition in Section 22(1) of the Children Act 1989).

**DOES YOUR CHILD QUALIFY UNDER THE ABOVE STATEMENT?**

Yes

No

**IF YES, WHICH AUTHORITY IS/WAS THE CORPORATE PARENT?**

**IF YES, PLEASE PROVIDE US WITH THE NAMES OF ANY PROFESSIONALS ASSOCIATED WITH THIS CHILD**

Please now complete the details overleaf and return to...

**Coordinated Admissions, Room 2.20, Sessions House, County Hall, Maidstone, ME14 1XQ**

If you would like your form acknowledged please enclose a Stamped Addressed Envelope (SAE)  
Or email your form to [kentonlineadmissions@kent.gov.uk](mailto:kentonlineadmissions@kent.gov.uk) (please do not do both)

**PLEASE RETURN TO KENT COUNTY COUNCIL BY TUESDAY 31st October 2017**

## Your child's details

Forename	Date of Birth DD MM YEAR	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname	Current School		
Child's address		Postcode	

## Parent/carer details

Title	Parent/Carer Forename		
Parent /Carer Surname		Relationship to Child	
Telephone number 1		Telephone number 2	
Email address			

## Preferences Please read the below before completing your preferences

- You can name up to 4 schools on this form (minimum 1 – maximum 4)
- **If you would like to express reasons for any preferences please attach a separate sheet**
- If you name a Voluntary Aided/Foundation or Academy that requires a Supplementary Information Form (SIF) please return it to the school directly
- If you are applying under Medical/Social criterion please provide written evidence directly to the school.
- Do not name the same school multiple times, we can only accept one preference for a school.
- If the child you are applying for has a Sibling attending one of your preferences please fill in Sibling details.

### Preference 1: School name

LA no.	DFE no.	Town / Postcode	
Sibling Name		Date of Birth DD MM YEAR	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Preference 2: School name

LA no.	DFE no.	Town / Postcode	
Sibling Name		Date of Birth DD MM YEAR	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Preference 3: School name

LA no.	DFE no.	Town / Postcode	
Sibling Name		Date of Birth DD MM YEAR	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Preference 4: School name

LA no.	DFE no.	Town / Postcode	
Sibling Name		Date of Birth DD MM YEAR	Male <input type="checkbox"/> Female <input type="checkbox"/>

## 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 the place offered to my child.

The information collected on this form is to help arrange admission to school. It may be shared with colleagues in the Education Service, relevant schools and the Department for Education. The full data protection statement can be found in the Primary School booklet.

I understand that when making an offer, the LA will ensure that a place will be offered at the highest available ranked preference a 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.

Name	Signed	Date
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