KENT JUNIOR COMMON APPLICATION FORM 2020

For pupils applying for a YEAR 3 place born between 1 Sep 2012 to 31 Aug 2013



Please read the information below and ensure that you have read KCC's Admissions Privacy Notice at kent.gov.uk/privacy before completing this form. For more information read our guidance at www.kent.gov.uk/primaryadmissions

KENT BOROUGHS												
To apply using this form you must pay your Council Tax to one of the following boroughs.												
ASHFORD ~ CANTERBURY CITY ~ DARTFORD ~ DOVER ~ FOLKESTONE & HYTHE ~ GRAVESHAM MAIDSTONE ~ SEVENOAKS ~ 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?												
FURTHER INFORMATION DOES YOUR CHILD HAVE AN EDUCATIONAL HEALTH & CARE PLAN (EHCP)? If your child has an EHCP 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 outside of KCC's Local Authority area with your family and intending to return for Sept 2020 intake, 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?	E YOU A CROWN SERVANT? YES NO FUTURE ADDRESS IN KENT											
l												
DATE OF POSTING												
DD / MM / YEAR												
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 UN	IDER THE ABC	OVE STATEMEN	T? YES	NO	If YES indicate in the LAC box overleaf							
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 (please do not do both)

PLEASE RETURN TO KENT COUNTY COUNCIL BY WEDNESDAY 15 JANUARY 2020

Child's Details	Please Complete Sections in BLOCK CAPITALS																								
CHILD'S FORENAME	AME CHILD'S SURNAME												C	HILD'S	D.O.B		GE	LAC	LAC						
									Y/N																
CHILD'S ADDRESS									CHILD'S CURRENT SCHOOL NAME																
					_					LA & DFE NUMBER															
POSTCODE							TOWN/POSTCODE																		
Parent/Guardian Details								_																	
TITLE	PARENT FORENAME									PARENT SURNAME															
RELATIONSHIP TO CHILD TELEPHONE NUMBER 1									TELEPHONE NUMBER 2																
EMAIL ADDRESS	EMAIL ADDRESS			$\overline{}$					$\overline{}$	$\overline{\Box}$		Ľ	$\overline{}$				7.	$\overline{}$			1				
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PREFERENCES - (Please	read th	e be	low b	efo	re con	npletii	ng you	ır pr	efer	rences					up to 3 naxim			on th	nis for	 m				
their oversubscription criteria. Please check the school's admissions polinformation directly from you. These comments will be sent on to the snotify us of important information relating to your application please explease check if your preferred school requires a Supplementary I. If you are applying under Medical/Social criterion please provide. If the child you are applying for has a Sibling attending one of your preferred school requires a Supplementary I. Fractional Supplementary I. School Name LA & DFE NUMBER LA & DFE NUMBER							ne sc e em ry In vide	hool and may not be read by KCC's Admissions Team. If you need to nail kentonlineadmissions@kent.gov.uk formation Form (SIF) written evidence directly to the school.																	
TOWN/POSTCODE			TOWN/POSTCODE												TOWN/POSTCODE										
SIBLING NAME		SIBLING NAME													SIBLIN	NG NAN									
DOB		DOB													DOB										
GENDER	GENDER GENDER														GENDER										
Declaration By Parent/Guardian 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													DATE												