

# KENT SECONDARY COMMON APPLICATION FORM 2019

For pupils applying for a YEAR 7 place born between 1 Sep 2007 and 31 Aug 2008



Please read the information below and ensure that you have read KCC's Admissions Privacy Notice at [kent.gov.uk/privacy](http://kent.gov.uk/privacy) before completing this form

## KENT BOROUGHES

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.

 YES NO

## 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 2019 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?**

 YES NO

**FUTURE ADDRESS IN KENT**

**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 UNDER THE ABOVE STATEMENT?**

 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](mailto:kentonlineadmissions@kent.gov.uk) (please do not do both)

**PLEASE RETURN TO KENT COUNTY COUNCIL BY WEDNESDAY 31ST OCTOBER 2018**

Child's Details

Please Complete Sections in **BLOCK CAPITALS**

|   |                 |  |             |            |
|---|-----------------|--|-------------|------------|
| CHILD'S FORENAME  | CHILD'S SURNAME | CHILD'S D.O.B  | MALE/FEMALE | LAC<br>Y/N |
| CHILD'S ADDRESS<br><br><br><br><br><br><br><br><br><br>POSTCODE |                 | CHILD'S CURRENT SCHOOL<br><br>NAME<br><br>LA & DFE NUMBER<br><br>TOWN/POSTCODE |             |            |

Parent/Guardian Details

|                       |                    |                |
|-----------------------|--------------------|----------------|
| TITLE                 | PARENT FORENAME    | PARENT SURNAME |
| RELATIONSHIP TO CHILD | EMAIL ADDRESS      |                |
| TELEPHONE NUMBER 1    | TELEPHONE NUMBER 2 |                |

**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**
- Please check if your preferred school requires a Supplementary Information Form (SIF)
- If you are applying under Medical/Social criterion please provide written evidence directly to the school.
- If the child you are applying for has a Sibling attending one of your preferences please fill in Sibling details

| PREFERENCE 1    | PREFERENCE 2    | PREFERENCE 3    | PREFERENCE 4    |
|-----------------|-----------------|-----------------|-----------------|
| SCHOOL NAME     | SCHOOL NAME     | SCHOOL NAME     | SCHOOL NAME     |
| LA & DFE NUMBER | LA & DFE NUMBER | LA & DFE NUMBER | LA & DFE NUMBER |
| TOWN/POSTCODE   | TOWN/POSTCODE   | TOWN/POSTCODE   | TOWN/POSTCODE   |
| SIBLING NAME    | SIBLING NAME    | SIBLING NAME    | SIBLING NAME    |
| DOB             | DOB             | DOB             | DOB             |
| GENDER          | GENDER          | GENDER          | GENDER          |

**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 Secondary 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 |
|------|--------|------|