Child's surname:

Year Group:

Date of Admittance:



APPLICATION FOR IN-YEAR ADMISSION TO ST CECILIA'S CHURCH OF ENGLAND PRIMARY SCHOOL

All sections of this application form must be completed where applicable. Reference should be made to the school's admissions policy to understand the basis on which your application will be considered by the school. Your completed application form must be returned to the school. Please use **CAPITAL** letters.

If you wish to apply for any other school in the Wokingham borough, you may apply to the Wokingham Borough Council by completing the form available at: www.wokingham.gov.uk/admissions.

SECTION 1 – APPLICATION INFORMATION

Date from which admission is required	Day Month Year	
Reason for your application (please tick as appropriate)	A Moving to the Wokingham Borough from another area of the United Kingdom	
	B Moving to the Wokingham Borough due to a posting to the area (applicable to Crown Servants and Service personnel)	
If moving from abroad we will need to see your and	C Moving to the Wokingham Borough from abroad	
your child's passport and	D Moving to another area of the Wokingham Borough	
any necessary visa(s).	E Wanting to transfer schools but not moving	

SECTION 2 – YOUR CHILD'S DETAILS

Child's full na	ime	Legal Surname:			
First name:					
		Middle name(s):			
		Preferred Surnam	e if different from above:		
Please circle	:	Date of Birth:			
Male	Female	Day	Month	Year	

SECTION 3 – YOUR DETAILS

Name and contact details of	Full name:			
parent	Title:			
If you are caring for someone else's child for	Relationship to child: Do you have parental responsil If no, please provide details.	bility? Yes No		
more than 28 days and you are not an immediate relative; you may be private	Home telephone:	Mobile:		
fostering and it is a legal responsibility to contact the local authority on 0118 974 6243 or see council website	Email: Current address:			
	House number:	House name:		
	Street:			
	Town/Village:			
	County:	Post code:		
	Is this the child's address:	Yes No		
Current address of child if	House number:	House name:		
different to parent	Street:			
	Town/Village:			
	County:	Post code:		
Address of proposed new address, if moving	Anticipated date of move:			
address, ir moving	House number:	House name:		
Evidence of move will be required.	Street:			
	Town/Village:			
Please advise if there are any changes to these plans as this may affect the allocation of a school place.	County:	Post code:		
	New home telephone number:			
	Have you exchanged contracts or completed, or are you in receipt of a signed rental agreement for this property? (Please submit this information with your application when it is available).			
	Yes	No		

SECTION 4 – CURRENT OR LAST SCHOOL

Child's current or last school	Name of school: Address:
Continue reasons for leaving on additional sheet of paper if there is insufficient space	School telephone number: Date of last attendance, if not currently attending: Year group: Does your child have any fixed or permanent exclusions? If yes, please provide details below. Yes No Reason for leaving or reason for request to change school:
Please note that the trust may seek further information from your child's current school to verify information provided on this application form or to determine whether the Fair Access Protocol should be considered for your child's application.	Have you discussed the proposed change of schools with your child's current school? Yes No Second S

SECTION 5 – SCHOOL PREFERENCE

You are applying for St Cecilia's Church of England Primary School and this is your opportunity to give your reasons for your preference.

Reasons for choice:

SECTION 6 – ADDITIONAL INFORMATION

A Does your child have an Education, Health and Care Plan (EHC)?			Yes	No	
B Is the child looked after or previously looked after by a local authority? Relevant supporting information will be required.			Yes	No	
Name of local authority:					
C Are you applying on grounds of serious medical, physical, psychological, or social need? Evidence from professionals will be required. Yes No					
D Does your child have a sibling(s) living at the same address Yes No already attending St Cecilia's Church of England Primary School?					
Name of child	Date of birth		Address of sibli	ing	
SECTION 7 – DECLARATION					

Personal information contained in this form is subject to (EU) General Data Protection Regulations (GDPR). If you would like more information about how St Cecilia's Church of England Primary School uses your data please see our Privacy Notice(s) which are available on the website.

I understand that this information will be stored securely and may be shared with any appropriate agencies.

The Keys Academy Trust reserves the right to carry out further investigations and require additional evidence to verify information contained in this form, including contacting the child's previous school.

I enclose supporting information relating to (please tick):

Section 1 Section 2 Section 6B Section 6C			
Other			
I declare that the information I have given on this form is correct and that I am the person with parental responsibility for the child named above.			
I confirm that, to the best of my knowledge, the declared address will continue to be the child's residence beyond the start of school and I will inform the school admissions team of any changes.			
I have read and understood the admission arrangements and criteria for St Cecilia's CE Primary School and have completed and submitted any additional or supplementary information forms which may be required.			

I understand that applications can take 20 school days to process once all supporting evidence has been submitted.			
I understand that any place offered may be withdrawn if I give false or misleading information.			
Signature of parent:		Date:	