*The governors of Kelsall Primary School will consider children regardless of ability or aptitude. We are a non-selective school.*

**Has the child's current/previous school been advised of this application? Yes/No**

**Do we have permission to contact the child's current/previous school with regards to this application? Yes/No**

**Year Group you wish to apply for:**

**Child’s Details**

**Surname: Forename(s):**

**Gender:****Date of birth:**

**Current Address:**

**Post Code:**

**Telephone contact numbers:**

**Email Address:**

**Date place required:**

**Reason for changing school:**

**School currently attending/last school attended:**

**Date Child left:** *(if applicable)*

**Is the child cared for by a Local Authority (*in public care*)? Yes** 􀀹 **No** 􀀹

**If yes, please state below which Local Authority, Social Worker details and a contact number:**

**Staff Claim? Yes 􀀹 No 􀀹**

**Social/Medical Claim? Yes 􀀹 No 􀀹**

**Does your child have a Statement of Special Educational Needs? Yes 􀀹 No 􀀹**

**Is your child permanently excluded from school? Yes 􀀹 No 􀀹**

**Is the child’s parent a crown servant as defined by the School Admissions Code?** **Yes** 􀀹 **No** 􀀹

**Applicant’s Details**

**Mr/Mrs/Miss/Ms/Dr etc Initials: Surname:**

**Address (es):** *(if different from pupil’s address)*

**Daytime Telephone No: Work Telephone No:**

**Email address:**

**Relationship to Child**

**Siblings (and any other children living at the same address).** A sibling means the brother, sister, stepbrother or stepsister, half-brother or half-sister living together as part of one household, already attending the preferred school and expected to continue at the school in the following school year.

**Sibling Name/s: Date of Birth:**

**Sibling Gender:**

**School and Year Group:**

**Does the sibling reside at the same address as the applicant? Yes/No**

**If no, please provide details.**

**Other Relevant Circumstances.** Please include here any further information which you consider may be relevant to your preference. Continue on a separate sheet, if necessary. Please provide full details of dual residency**,** if applicable**.**

***I declare that all the information which I have provided is true. I understand that any place offered on the basis of fraudulent or intentionally misleading information may be withdrawn.***

**Signed: ……………………………………………………………………………………………………………………**

**PRINT NAME: ………………………………………………………….…. Date: ……………………..**

**Verification of Information:**  We may verify information you have provided on this form which could involve contacting departments of the Council who maintain appropriate records. In instances where the information provided is different from that held by them they may use the information on this form.

*General Data Protection Regulations: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with other school systems providers as detailed in our Privacy Notice.*