

Date Received

London Borough of Bexley

In year primary school application form

This form should be completed by applicants who wish to apply for a place in a Bexley primary school after the normal point of entry to Reception (or Year 3 for Junior School).

If you wish to apply for schools outside the London Borough of Bexley please contact the Local Authority where the school is located to obtain an application form.

Please use BLOCK CAPITALS and complete ALL sections of this form

Section 1 - Child's details

Surname: First name(s):

Date of birth Day/month/year: Gender: M F

Child's home address:

Postcode:

Section 2 - Parent/carer details

Surname: Forename(s):

Mr / Mrs/ Miss/ Ms/ Other
If Other please specify:

What is your relationship to this child?

If Other, please indicate relationship to the child:

Mother/Father/Foster Carer/ Social Worker/Other
Please delete as appropriate

If you do not have parental responsibility for the child named in Section 1, please provide information on a separate sheet of paper about why you are submitting this application and attach it to the form

Parent/Carer's home address:

Post Code:

If this address is different to the child's in Section 1, please explain the reason for this on a separate sheet of paper and attach it to the form

Home telephone no: Daytime or mobile telephone no:

email address:

Is English your first language Yes No

If No and you need help with applying for a school, please indicate language spoken in the home:

Section 3 - Why are you making this application?

Please tick relevant box to indicate answer Yes or No

Have you recently moved? Yes: No:

Child currently educated at Home? Yes: No:

If Yes, from where?

Previous address:

Post Code:

Requesting transfer from a local school?

Yes: No:

Has your child been permanently excluded?

Yes: No:

If Yes, briefly provide reason for the transfer:

If Yes, from which school(s) & address(es):

Please provide the reason for the exclusion:

Other reason for requesting the transfer if not covered in the sections above:

Section 4 - School history

Please list the school(s)/pupil referral unit the child has attended beginning with the current or most recent school, including dates attended

School/Unit Name:

Address:

Post Code:

Date Started:

Date Left:

Briefly, reason for leaving:

School/Unit Name:

Address:

Post Code:

Date Started:

Date Left:

Briefly, reason for leaving:

School/Unit Name:

Address:

Post Code:

Date Started:

Date Left:

Briefly, reason for leaving:

Section 5 - Statemented or looked after children

Does the child have a Statement of Special Educational Needs? Yes: No:

Is the child, or has the child previously been, subject to a Local Authority Care Order (ie a looked after child)? Yes: No:

If Yes, please specify school named in the Statement:

If Yes, please provide the name of the Local Authority:

Name of the Local Authority:

Social Worker's Name:

Case Officer's Name:

Section 6 - Preferences

You may list up to six Bexley schools in order of preference. All types of schools (except private and independent) may be included. For information about the oversubscription criteria that schools use to prioritise applications, please also refer to the current 'Admission to Primary Schools in Bexley' booklet.

Sibling: If the child has a sibling already attending one of your preferred schools, please provide details to enable consideration to be given to this priority.

Medical / Social: If you wish to apply for medical or social priority for any of your preferences, please provide information in the Reason for Preference box and attach supporting evidence to your form.

Preference 1

School Name

Post Code of School

Details of any sibling(s) attending this school

Sibling Name

Date of Birth Gender

Reasons for Preference (Optional)

Preference 2

School Name

Post Code of School

Details of any sibling(s) attending this school

Sibling Name

Date of Birth Gender

Reasons for Preference (Optional)

Preference 3

School Name

Post Code of School

Details of any sibling(s) attending this school

Sibling Name

Date of Birth Gender

Reasons for Preference (Optional)

Preference 4

School Name

Post Code of School

Details of any sibling(s) attending this school

Sibling Name

Date of Birth Gender

Reasons for Preference (Optional)

Preference 5

School Name

Post Code of School

Details of any sibling(s) attending this school

Sibling Name

Date of Birth Gender

Reasons for Preference (Optional)

Preference 6

School Name

Post Code of School

Details of any sibling(s) attending this school

Sibling Name

Date of Birth Gender

Reasons for Preference (Optional)

A sibling is a full, half, step, or adopted brother or sister living at the same address.

Section 7 - Declaration

- I wish to make application to the school(s) named in Section 6, which I have listed in order of my preference.
- I confirm that I have parental responsibility for the child named in Section 1
- The information given on this form is correct to the best of my knowledge and the address given in Section 1 is the child's home address. I undertake to advise the School Admissions Team immediately of any change of address or circumstances between the date of application and when I am notified of the outcome. I understand that checks may be made against records held by London Borough of Bexley to verify the details I have given on this form, and that I may be required to provide further documentary evidence in the event of discrepancies
- I understand that if I have given any information that is incorrect, the London Borough Bexley reserves the right to withdraw any place offered, whether or not my child has started at the school
- I understand that the information I have provided will be used for purposes defined in the Data Protection Public Register and the Data Protection Act 1998. I consent that the information I have provided can be shared with schools and admissions authorities to process my application and related matters arising.
- Your attention is drawn to the London Borough of Bexley website (www.bexley.gov.uk) that provides more details on the Council's Privacy Notice and information management.

Signed:

Date:

Parent / Carer / if Other please specify:

Supplementary information forms

If you have included a voluntary aided (Church) school in your list of preferences, you may have to complete a supplementary information form that should be returned direct to the school. You can obtain the form from the school or by visiting London Borough of Bexley's website at www.bexley.gov.uk/admissions

In year primary school application form checklist

Please remember to enclose the following information with your application form:

- Your latest council tax bill or tenancy agreement
- A copy of your child's birth certificate or passport
- Evidence that you are the child's legal guardian (if applicable)

Failure to provide this information, will delay your application.

Where to return this form

By post or in person to:
School Admissions Team
London Borough of Bexley
Civic Offices
2 Watling Street, Bexleyheath,
Kent DA6 7AT

Call 020 8303 7777 and ask for
School Admissions Team
Fax: 020 3045 4389
email:
schooladmissions@bexley.gov.uk