

# COMMON APPLICATION FORM (PRIMARY)

Starting Reception year group in the 2020/21 academic year  
Children born 1 September 2015 to 31 August 2016

Please read the notes carefully before completing this form.

Please complete in CAPITAL LETTERS

Please post this completed form to:

The Admissions Team  
County Hall, New Road  
Oxford, OX1 1ND

Office Use Only

Date Received

ONE

Closing date for Form

**15 JANUARY 2020**

## SECTION 1: Child's details

Legal Surname		First Name			
If your child is known by a different surname, please state it here		Middle Names			
Address			Male or Female		
			Date of Birth		
			Day	Month	Year
	Postcode				

Your child's current Nursery or Pre-School	
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## SECTION 2: Parent (Applicant) details

Name(s) of parent / carer living at home address in Section 1	Mr/Mrs/Miss/Ms/Other		
Relationship to child			
Email address			
Home telephone number		Alternative telephone number (e.g. mobile)	

Name(s) of other person with parental responsibility for the child in Section 1	Mr/Mrs/Miss/Ms/Other		
Address (if different from address in Section 1)			
Relationship to child			
Email address			
Home telephone number		Alternative telephone number (e.g. mobile)	

Child's Name	
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### SECTION 3: Your preferences

Use the boxes below to list up to four schools you would like your child to attend.. Put the school you would most like your child to attend first in the list. If you know the code for the school, please write it in the boxes provided.

First (1st) Preference School				School Code No.	Office Use
If your child has any older brothers or sisters attending this school, please give their name(s) and date(s) of birth here	Name		Name		
	DoB		DoB		
Reasons for your preference. You can use Section 4 if you need more space					

Second (2nd) Preference School				School Code No.	Office Use
If your child has any older brothers or sisters attending this school, please give their name(s) and date(s) of birth here	Name		Name		
	DoB		DoB		
Reasons for your preference. You can use Section 4 if you need more space					

Third (3rd) Preference School				School Code No.	Office Use
If your child has any older brothers or sisters attending this school, please give their name(s) and date(s) of birth here	Name		Name		
	DoB		DoB		
Reasons for your preference. You can use Section 4 if you need more space					

Fourth (4th) Preference School				School Code No.	Office Use
If your child has any older brothers or sisters attending this school, please give their name(s) and date(s) of birth here	Name		Name		
	DoB		DoB		
Reasons for your preference. You can use Section 4 if you need more space					

If you are applying for any of the above schools because you will be changing address, you should tell us when you expect your address to change and list the new address in the space below (if you have not already told us in Section 1 or 2 above). You will need to provide proof of the new address by 30 January 2020.

New address from	
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New Address	
	Postcode

Child's Name	
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### SECTION 4: Extra Information

Does your child have an Education, Health & Care Plan ?	YES/NO	If so, which Authority maintains this Statement/Plan?	
Is your child 'looked after' or previously 'looked after' by a Local Authority?	YES/NO	If so, please give the name of your child's social worker and the Authority	
Does your child have a disability as defined in the Equality Act (2010)?	YES/NO	Please give the nature of your child's disability	
Are you moving as a new posting as Service or Crown Servant personnel?	YES/NO	If so, please give date of your move	
You can use this space to give further reasons for any of the preferences you have listed in Section 3. These can include philosophical reasons, reasons relating to your religion or that of your child, or reasons which you think are relevant to one or more of the published admissions rules for the school			

### SECTION 5: Additional information for Own Admission Authority (OAA) schools

Some schools will want to see proof that your child is of a particular faith and/or has been baptised. You should provide a copy of your child's baptismal certificate. If you attach it to this form, the Council will forward it to all relevant schools on your behalf

My child is of the following faith/denomination	
My child has been baptised	On (date)
	At (location)

Some schools have a supplementary form which you should also fill in and provide to the school concerned to complete your application. If you attach it to this form, the Council will send it to the school on your behalf.

My child is a child of a member of staff who works at the school (name of school and name of staff member)	
Is your child eligible for Pupil Premium? This is relevant for admissions to St Edburg's Church of England School only	YES/NO

### SECTION 6: Declaration

*Please note that, if you deliberately give false information, we may withdraw your child's offer of a school place*

All the information I have given on this form is correct to the best of my knowledge. I understand that I am giving my consent that Oxfordshire County Council can process the information in this form for admissions purposes and can share it with other agencies and admissions authorities for admissions purposes only . I understand that the Council will keep this information securely. (Tick to confirm you have read and agree to this statement)

Signature		Date	
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