

# HALTON LA COMMON APPLICATION FORM (CAF)

PRIMARY SCHOOL IN YEAR ADMISIONS: ACADEMIC YEAR 2015-2016

| YOUR CHILD'S DETAILS:   |  |           |  |
|---|--|-----------|--|
| Surname:  |  | Forename: |  |
| Date of Birth:  |  | Gender:   |  |
| CHILD'S HOME ADDRESS AT TIME OF APPLICATION:                    |  |           |  |
| House Name/Number:  |  | Street:   |  |
| Town:   |  | Postcode: |  |
| NEW ADDRESS IF MOVING DURING OR SHORTLY AFTER THIS APPLICATION: |  |           |  |
| House Name/Number:  |  | Street:   |  |
| Town:   |  | Postcode: |  |
| Expected Date of proposed move:                                 |  |           |  |
| CURRENT/PREVIOUS SCHOOL INFORMATION:                            |  |           |  |
| Name of current/previous school:                                |  |           |  |
| Contact name and number at school:                              |  |           |  |
| Is your child still attending? If no, give reason:              |  |           |  |
| Date of last attendance:  |  |           |  |

| FURTHER IMPORTANT DETAILS:   |     |    |
|--|-----|----|
| Please circle/delete as appropriate  |     |    |
| Is your child currently, or have they ever been, in the care of a Local Authority? (Please give dates and Authority details if yes): | YES | NO |
| Does your child have a Statement of Special Educational Needs?   | YES | NO |
| Has your child been permanently excluded from a school?<br>If yes, please state when and from which school:                          | YES | NO |

| PREFERENCE SCHOOL AND REASONS FOR REQUESTING A PLACE:   |                |         |
|---|----------------|---------|
| Please state below the name of the school where you are requesting a place for your child. You may, if you wish, provide a short explanation for requesting a place at this school, but this is not compulsory. |                |         |
| School name:  |                |         |
| Year Group required:  | Date required: |         |
| Reason for request:   |                |         |
| BROTHERS AND SISTERS OF SCHOOL AGE:   |                |         |
| Please list below if a sibling will be attending the requested school and living at the same address as this child:   |                |         |
| Sibling Name:   | Date of Birth: | School: |
|   |                |         |

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## APPLICATIONS FOR VOLUNTARY AIDED (CATHOLIC AND/OR CHURCH OF ENGLAND) ONLY

Please circle/delete as appropriate:

|  |     |    |
|--|-----|----|
| Is your child baptised Catholic?                               | YES | NO |
| If yes, in which Catholic Parish where they baptised and when? |     |    |
| Is your child baptised Church of England?                      | YES | NO |
| If your child belongs to another faith, please state which:    |     |    |

You may be required by the school to submit additional documentation to support your application. These documents may include, but are not limited to, baptismal certificates or letters signed by the relevant religious leader as proof of attendance at the place of worship. Some church schools may require a supplementary form to be completed, which will be provided by the school at the time of application.

## PARENT/CARER DETAILS:

|  |  |                           |  |
|--|--|---------------------------|--|
| Parent/Carer Name:                                 |  | Relationship to child:    |  |
| Parent/Carer address:<br>(If different from child) |  |                           |  |
| Daytime Telephone Number:                          |  | Evening Telephone Number: |  |
| Email Address:                                     |  |                           |  |

## DECLARATION AND CONSENT:

Details of Halton school admissions policies are given in the Halton Coordinated Admissions Scheme and in the Halton Primary and Secondary composite prospectuses, available online at [www.halton.gov.uk/schooladmissions](http://www.halton.gov.uk/schooladmissions)

I declare that all the information provided is true. I confirm that I have parental responsibility for this child. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I confirm that I have read the document, *In-Year Admissions: A Guide for parents and carers*, before submitting this application.

**Data Protection Act:** Personal information on this form is treated in confidence and complies with the requirement of the Act.

|         |  |       |  |
|---------|--|-------|--|
| Signed: |  | Date: |  |
|---------|--|-------|--|

## PLEASE ENSURE YOU HAVE COMPLETED ALL RELEVANT SECTIONS OF THIS FORM

- Please ensure you return this form **DIRECTLY TO THE PREFERENCE SCHOOL**
- You will receive a written response from the school, usually within ten school days where possible
- If you cannot be offered a place, you will be advised of your right of appeal and how to access it.