In year application form to apply for a Southwark Primary/Secondary school

You must complete this form if you are applying to a school in Southwark. If you would like to apply to a school outside of Southwark you must contact the borough the school is located in to ask about the arrangements for applying to schools in their area.

Section 1: Child's details					
Surname/family name					
First name			Middle	name(s)	
Gender	Boy	Girl (pleas	se tick box)		
Date of birth				Current year group	
Home address: This must be the ac	Idress where t	the child norma	ally lives and w	here the child benef	it is paid.
First line of address					
Town/city				Postcode	
How long has the child lived at this	address?	Years	Mont	hs	
If your child has lived at the address for less than one year please provide their previous address.					
Section 2: Parent/carer details					
Title	Mr	Mrs	Miss	Ms (plea	se tick box)
Full name					
Relationship to child	Mother	Father	Step	parent Foster pa	arent Other
If you have ticked other, please exp what your relationship is with the					
Home telephone number			Daytime tele	phone number	
Mobile telephone number			Email		
Section 3: Current/previous sch	ools history				
It is important that you list your chile approximate dates of when your child's current/pre	d's full school ild attended b	history includin elow (continue	on a separate	sheet if necessary). S	
School name and full address (include country if outside UK)				Date when child started at school	Date last attended*
				//	//
				//	//
				//	//



* if your child is no longer on roll at the school

Section 4: Reason(s) for applying for an in year admission (please tick the appropriate box) My child has recently moved to the London area from another part of the UK
Name of borough the child previously lived
Date of arrival in the London area
My child has recently arrived in the UK from abroad
Date of arrival in the UK
Country your child has arrived from
Which country has issued your child's passport?
Is your child travelling on a visa? Yes No If yes, you must attach a copy of your child's visa documents which can be found in their passport. Please do not send any original documents or passports.
Does your child speak English? Yes No
If no, please state the main language your child speaks
I would like my child to transfer to another school If you tick this box, you must state your reason(s) below. Please note that your child must remain at their current school until you receive a firm offer of an alternative school place and a start date has been agreed. Reason(s) for wanting my child to transfer to another school: (continue on a separate sheet of paper if necessary)
Section 5: Children in public care/SEND/Exclusions (please tick the appropriate box)
Is the child looked after or was the child previously looked after and now adopted or subject to a residence or special guardianship order, immediately following having been looked after? Yes
If yes, please state the local authority with whom the child is/was in care and provide documented evidence confirming the legal status of the child
Does your child have a statement of Special Educational Needs (SEN) or an Educational, Health and Care Plan (EHCP)? Yes
If yes, you should contact the special educational needs and disabilities team (SEND) in the borough that you live in as children with a statement of SEN or an EHCP are admitted to school using a separate process. Southwark Council's SEND team can be contacted by telephone on 020 7525 4278.
Has your child previously been permanently Yes No excluded from a school?
If yes, please provide details of all previous permanent exclusions your child has experienced below.
Name of school Date of exclusion

Section 6: School preference

- It is important that you check the admissions criteria for the school you are applying for, to see the basis on which the school will give priority.
- You can apply for one Southwark school only and can name a voluntary aided (church), foundation, free, community school or academy. You cannot apply for independent, private or special schools using this form.
- Many voluntary aided (church) schools may require you to complete a supplementary information form which must be returned directly to the school. **Please check with the school for more information**.

Tick this box, if you believe there are exceptional medical, social, religious or educational (including single-sex education) reasons to support your preference. If you tick this box, you must complete the 'Reasons for preference' box stating why the school would best meet your child's needs and the difficulties that would be caused if your child had to attend another school. You must also attach current supporting evidence from a relevant professional e.g. a doctor or social worker.

*Brothers and sisters includes half brothers and sisters, step brothers and sisters and adopted brothers and sisters who share the same home.

sisters who share	e the same home.
Details of the S	Southwark school you are applying to
Name of South	wark school
Details of any b	prother or sister* already attending the school Date of birth DDDMMMYYY
Reasons for pr	reference (optional)
•	ed to any schools directly? Yes No e each school(s) you have applied to and when you applied.
It is important tha transferring your of If your child's curre	completed by your child's current/last headteacher it you complete this section as your child's headteacher will need to know if you are thinking of child to another school for safeguarding reasons. ent/last school is in Southwark, you must take your completed form to your child's school to be dteacher before returning it to the School admissions team.
Name of school	School stamp
Headteacher's nar	ne
Signature	
Date	
I have comple	klist have applied for in section 6 is in Southwark. eted all the sections on this form. arefully the admissions criteria for the school that I am applying to.
	ed supporting evidence if I am applying on exceptional medical, social, religious or educational reason:
I have comple directly to the	eted the supplementary information form (only for schools that require them) and have returned it e school.

If my child has a statement of special educational needs, or an Education, Health and Care Plan I have

provided the relevant infomation within section 5 of this form.

Section 9: Declaration and signature of parent/carer I certify that I have parental responsibility for the child named on this form, that the information is true to the best of my knowledge. I understand and accept that if I have given false or deliberately misleading information on this form and/or any attached supporting papers or withheld any relevant information, the offer of the school place may be withdrawn. Signature of parent/carer Date D M M Y Y Please note that by submitting this form you are deemed to have accepted the policies of each school that you have applied for.

Section 10: For school/local a	uthority use only	
Place offered?	Yes	No
If no, please provide reason		
If a place is to be offered please	state the start date	
Additional information		

Data protection

Information you provide when applying for a school place will be entered into a computerised database. Your information is protected by the Data Protection Act 1998, which ensures it can only be used for defined purposes and may be passed only to specific people. The defined purposes are:

- (i) Administering the admissions process as set out in the 'Starting primary/secondary school' brochure
- (ii) Preventing fraud or other criminal offences or to ensure the safety of a child
- (iii) Administering the free school meals process and to verify entitlement

The people who may receive the information are:

- a) The current school (if any)
- b) The school to which the pupil is to be admitted
- c) Other admission authorities, so as to ensure they can carry out their role in the coordinated admissions process
- d) Any organisation legitimately investigating allegations of fraud, other criminal offences or child protection
- e) Independent appeals panels should you decide to appeal the offer of a school place

Where to return your completed application form

• If you are making a new application to a Southwark school and you are either a Southwark resident or live in another borough, you must return your completed form to:

School admissions team (4th floor), Children's and Adults services, Southwark Council, PO Box 64529, London SE1P 5LX

Email: inyear.admissions@southwark.gov.uk Tel: 020 7525 5337

 If you are a Southwark resident applying to transfer your child from a Southwark school to another Southwark school you must return your completed form directly to the school of preference named in section 6 of this form.

Keyworth New Applicant Information Sheet

To be completed prior to enrolment

90% or less	90-96%	96% +
What are the student's academic	levels at their current/most recen	t school?

Reading	Below expected level	At expected level	Above expected level
Writing	Below expected level	At expected level	Above expected level
Maths	Below expected level	At expected level	Above expected level

Does the student have English as an additional language (EAL)?

Yes	No
If yes, are they new to English?	

Does the student have medical needs?

Yes	No
Details:	
Does the child have a Health Care Plan to support their medical needs?	

Does the student have special educational needs? Is the student on the SEN register? Have they previously been on the SEN register?

Yes	No	

rea of special educa	tional need	:			
Cognition and		h Language and	Social Emotiona		Sensory/Physical
Learning	Comm	unication Needs	Mental Health	Needs	Needs
iagnosis:					
Details of support at	current/mo	st recent school:			
las the child had any	behavioura	al difficulties at the	eir current/most	recent s	chool?
	Yes		No		
Details:					
_					
s the child known to	any other s	ervices?			
	0001	Connada and Lan	guage Therapy	CAMH	S
Educational Psychol	ogy	Speech and Lar	Baage merapy		
Educational Psychol		·		Childre	en's Social Care
Educational Psychol Occupational Thera		Early Help Serv			
Educational Psychol Occupational Thera		·		Childre	
		Early Help Serv			
Educational Psychol Occupational Therap School Nursing	ру	Early Help Serv Other:	ice	Other	:
Educational Psychol Occupational Therap School Nursing s the child on a Child	ру	Early Help Serv Other:	ice	Other	:
Educational Psychol Occupational Thera	ру	Early Help Serv Other:	ice	Others	: