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**OAKLANDS INFANT SCHOOL**

**IN YEAR**

**APPLICATION FORM**

**Please ensure you have completed all sections and submit all supporting documentation as failure to do this could delay your application being processed.**

**Please take time to read our school prospectus.**

**SECTION 1 PARENT’S DETAILS**

|  |  |  |
| --- | --- | --- |
| **First parent/carer's name and title (living at same address as child)** | | **Relationship to child** |
|  | |  |
| **Does this person have parental responsibility for the child?** | | **YES NO** |
| **Home address** | | |
| **Postcode:** | | |
| **Which Local Authority do you pay your Council Tax to?** |  | |

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| **Contact telephone numbers (This number will be used by if you need to be contacted)** |
|  |
| **Contact Email Address: (All correspondence will be sent to this email address)** |
| **@** |

|  |  |
| --- | --- |
| **Second parent/carer's name and title (living at same address as child)** | **Relationship to child** |
|  |  |
| **Does this person have parental responsibility for the child?** | **YES NO** |

**SECTION 2 CHILD’S DETAILS**

|  |  |  |
| --- | --- | --- |
| **Child’s surname** | **Date of birth** | |
|  |  | |
| **Child’s forename(s)** | **Gender (Please circle)** | **Current Year Group** |
|  | **MALE / FEMALE** |  |

|  |  |  |
| --- | --- | --- |
| Does your child currently live at the above address? | **YES NO** | |
| If YES, since when? | | |
| Are you moving? | | **YES NO** |
| If YES, when and where to? (You will be required to provide proof of your address) | | |

**SECTION 3 FURTHER INFORMATION**

|  |  |
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| **Please indicate below by ticking the relevant boxes if any of the following are relevant to your child and this application and attach any relevant supporting documentation** | |
|  | Does your child have an Education, Health and Care Plan? |
|  | Is your child in the care of a Local Authority (Looked After Child)? Or has your child been previously looked after but ceased to be so because they were adopted (Or became subject to a child arrangements order or special guardianship order) immediately following having been looked after? If you answer YES to either of these questions, you must attach all relevant documentation with this application. Please state the name of the Local Authority  ……………………………………………………………………………………………………………………………………. |
|  | Is your child from a UK Service Personnel family? If you answer YES please attach all relevant |
|  | Has your child ever been permanently excluded from a school?  School(s) |
| **Additionally, does your child fulfil any of the following?** | |
|  | Children from the criminal justice system or Pupil Referral Units who need to be reintegrated into mainstream education |
|  | Children who have been out of education for two months or more |
|  | Gypsy, Roma or Traveller children |
|  | Refugee and asylum seeker children |
|  | Homeless children |
|  | Children with unsupportive family backgrounds where a place has not been sought |
|  | Young carers |
|  | Children with special educational needs, disabilities or medical conditions (but without an Health and Care Plan) |
| **If you have ticked any of the above questions you must attach all relevant supporting information. It may be necessary to forward your application to the Fair Access Panel.** | |

**SECTION 4 PREFERENCE**

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| **OAKLANDS INFANT SCHOOL** |
| Reason:  **It is in your child's best interest for you to visit this school before submitting your application** |
| Please give details of any other children living at the main address already attending the above school  Full name Date of Birth |

**SECTION 5 SCHOOL HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please list all schools your child has attended** | | | |
| **FROM** | **TO** | **NAME OF SCHOOL** | **LOCAL AUTHORITY** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| **CURRENT OR LAST ATTENDED SCHOOL** |
| **Name of School** |
| **Address** |
| **Telephone number** |
| **Date last attended** |
| **Headteacher signature**  **Comments:** |

**SECTION 6 DECLARATIONS**

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| **I understand that the information contained in this form is subject to GDPR *(General Data Protection Regulation)* and my personal data may be exchanged with other Local Authorities, Admissions Authorities, Schools and Government Agencies where necessary.**  **I understand that any offer of a school place will be based on the information I provide being accurate and correct and that the Admission Authority reserve the right to withdraw any school place offered if I give false or misleading information.**  **I certify that I have parental responsibility for the child named on this form and that the information I have given is correct.**  **I have read and understood the admissions arrangements and have completed and submitted any additional forms which may be required.**  **I understand if I am applying for a school place under the designated area criteria I will be required to supply proof of my address to The Corvus Trust to verify my home address. It is my responsibility to satisfy The Corvus Trust that I live at the address that is stated on the form.** |

|  |
| --- |
| Signature of Parent/ Carer Date |

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| The fully completed form must be returned to the following address:  Scan and email it to:  admin@oaklands-inf.wokingham.sch.uk  Or post it to:  Oaklands Infant School  Butler Road  Crowthorne  Berkshire  RG45 6QZ  If you have any queries, please call the school office on: 01344 774644 |