

HEREFORDSHIRE COUNCIL – CHILDREN & YOUNG PEOPLE’S DIRECTORATE

APPLICATION FOR A PLACE AT A SCHOOL FOR SEPTEMBER 2012

Please read the enclosed information before completing this form. Please ensure that you answer all sections that are relevant to you and sign the declaration overleaf.

All paper applications and additional supporting information should be returned to your child’s primary school no later than **31ST October 2011**

If your child attends a school in another Local Authority or in an Independent School please return to the Pupil Admissions Office, Children & Young People’s Directorate, Herefordshire Council, Blackfriars PO Box 185, Blackfriars Street, Hereford HR4 9ZR **no later than 31st October 2011**

You can now apply on line at www.herefordshire.gov.uk

1. PUPILS DETAILS		
Surname	Forename	Middle name(s)
Date of birth	Gender (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address (this must be the normal and genuine residence of the parent / carer who has care of the child, that is, the address at which the child resides)		
Address details		Post Code
Telephone Number		
Present School child is attending		Date child started at this school
2. CHOSEN SCHOOL(S) please refer to section 8 overleaf if applying for a Voluntary Aided School and section 9 if applying for a school in another Local Authority. state reason if applying for an out of county school		
1		
2		
3		
3. SIBLING(s) please give full names and date of birth of any brothers or sisters, who in September 2012 will still be attending one of the schools that you are applying for, this also applies if they attending a sixth form which is attached to one of the schools you are applying for. Sibling is defined on page 7 of the Information for Parent’s Booklet.		
Surname	Forename(s)	Date of Birth(s)
State school sibling(s) are currently attending		
4. LOOKED AFTER CHILDREN Is your child in the care of Herefordshire Council or any other authority? (Please tick) yes <input type="checkbox"/> no <input type="checkbox"/> If yes please name the Social Worker and Local Authority		
5. SPECIAL EDUCATIONAL NEEDS Has your child a Statement of Special Educational Needs (please tick) yes <input type="checkbox"/> no <input type="checkbox"/>		
6. TRANSPORT – refer to the Information for Booklet regarding transport eligibility		

7. APPLYING FOR A PLACE ON SOCIAL, MEDICAL OR COMPASSIONATE GROUNDS

Complete this section **ONLY** if you are applying for a place at a school in Herefordshire on social, medical or compassionate grounds. This applies to adopted children too where special consideration to their school placement needs to be given.

A request for a placement on medical, social or compassionate grounds **will not be considered** unless you attach supporting information which should set out the reasons why the school in question is the most suitable and the difficulties that would be caused if the child had to attend another school, from an independent source only. (See section 4.1 of the Information for Parents Booklet)

What school(s) does this supporting information relate to?

Number of pages attached

8. APPLICATIONS TO VOLUNTARY AIDED SCHOOLS

Complete this section **ONLY** if you are applying for a place at a Voluntary Aided School.

If you are applying for a Church Place only at The Bishops of Hereford Bluecoat School you will need to contact your local priest or minister to request this church form, which is required in addition to this form (SA1). These forms must be attached together when returned.

If applying for a place at St Mary's RC High School you are required to contact the school requesting either a Catholic form or a non Catholic form; this is required in addition to this form (SA1). These forms must be attached together when returned.

What school(s) does this relate to?

Have you attached an additional form from the school(s)?

Yes

No

Please state any other supporting information you have attached i.e. Baptismal Certificate

9. APPLYING FOR A PLACE IN ANOTHER LOCAL AUTHORITY

If you are applying for an out of county school please complete this form. We will then pass the information onto the relevant authority. They will inform us if they can offer a place, and we will inform you on the **official offer date 1st March 2012** of the outcome.

10. NAME OF APPLICANT(s) (details of person(s) filling in this form required below)

Title Mr / Mrs / Miss / Ms / other

Name

Surname

Relationship to pupil *(please see below)

Do you have parental responsibility for this child (please tick)

Yes

No

*e.g. Mother, Father, Step-parent, Social Worker, Foster Parent, or other relative (please state)

11. THE DECLARATION

I declare that the information on this form is correct and that I have read the Information for Parents Booklet. And that I have read the conditions stated on the Important Notes (enclosed with this form). I understand that a place may be lawfully withdrawn if it is proved to have been offered on the basis of fraudulent or misleading application.

Signed Print Name.....Date.....