



School Services

Application for an Out of Area School Place

Please complete this form if you wish to apply for a school place outside the City of York during the school year. This information will be passed on to the relevant authority to process your application.

Parent Details

Mr Mrs Miss Ms

Forename

Surname

Home telephone

Email

Mobile telephone

Relationship to child

Pupil Details

Forename

Surname

Date of Birth

Male Female

Address (This must be the main residence of the child)

House Number

Please state if this address is permanent or temporary

Line 1

Permanent Temporary

Line 2

Nationality

Postcode

Is your child new to the UK? Yes No

Is this stay permanent or temporary? Permanent Temporary If temporary, please state length of stay

If your child has a visa, please provide copy with this application

Preferences

Please state the schools you wish to apply for below.

1st Preference

2nd Preference

3rd Preference

4th Preference

5th Preference

Are you applying to any of the above schools on the grounds of religion or belief? Yes No

When would you like this school place to start?

Please state which Local Authority these schools are in

Please provide details of any siblings currently attending any of the schools listed above.

Forename

Forename

Surname

Surname

Date of Birth

Date of Birth

Current School

Is your child currently attending school?

Yes No

If not currently attending, when did your child last attend school?

Name of child's previous/current school

If this school is outside the City of York please provide contact details

Number of schools attended in the last 3 years

Has your child had more than 15 days absence from school in the last 12 months?

Yes No

Has your child ever had any behavioural issues e.g. exclusions/inclusions?

Yes No

In accordance with our admission policies this information may be checked before allocating a school place.

Additional Information

Does your child have a statement of special educational needs?

Yes No

Is your child currently, or have they ever been in the care of the Local Authority?

Yes No

Does your child have a CAF(Common Assessment Framework) in place?

Yes No

Does your child have a medical condition that might affect their ability to attend school?

Yes No

If you answered Yes to any of the above please provide details.

Has your child had any involvement with services/agencies for any of the following?

Behaviour, social, or emotional needs Yes No

Other special educational needs Yes No

Mental health or wellbeing e.g. Limetrees Yes No

Other social or family support services Yes No

School attendance Yes No

Please provide any additional information you feel is relevant to support your application.

Declaration

You are only allowed to submit an application if you have parental responsibility for the child. By submitting this form you are confirming that:

- you have parental responsibility for the child named above, or, if you share parental responsibility that you are in agreement with others regarding your preferences. If we receive conflicting preferences we will not be able to allocate a place for your child
- you live in the City of York at the time of application, if not, this application will not be processed. You should apply to your home local authority
- you understand that the information provided in this application may be used to determine the allocation of a suitable school place for your child.

I understand that the City of York Council reserves the right to withdraw the offer of a school place, at any time, if the information I have provided is untrue or incorrect in anyway.

Signature

Date

Please return to School Services, PO Box 404 YO1 6ZG or education@york.gov.uk (01904 551554)

If you would like to be assessed for any Educational Benefits please complete an Educational Benefits Form, available at www.york.gov.uk/school