



School Services

# Application for a School Place

Please complete this form if you wish to apply for a school place during the school year.

We aim to process your application as quickly as possible in accordance with our admissions policies and fair access protocols.

## Parent Details

Mr  Mrs  Miss  Ms

Forename

Surname

Home telephone

Email

This will be our primary means of communication

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

## 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 note that we are unable to allocate places more than 20 school days before this date.**

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

Forename

Forename

Surname

Surname

Date of Birth

Date of Birth

School

School

## 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, such as a change in address or any Special Educational Need your child might have. Please note that we may contact you for supporting information.

## 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 understand that if the place your child is allocated is not your catchment school, or if you move out of the catchment area you now reside in, then you may have less chance of being allocated the same school when applying for any younger siblings in future years
- 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 under the City of York fair access protocols.

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, West Offices, Station Rise York YO1 6GA or [education@york.gov.uk](mailto: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/schools](http://www.york.gov.uk/schools)**