



Common application form for Primary schools 2019

Section 1 - Online Admissions

If you apply online instead of filling in this form you will be emailed your allocation on the 16th April 2019. Use the web address www.stockton.gov.uk/schooladmissions and follow the links for Online Admissions. You will be able to access the website from 5 November 2018 to 15 January 2019.

Section 2 - Child's Details

Child's Name

Date of Birth / / (day/month/year) Gender Male Female

Child's Address
..... Postcode

Child's Current School

a) Is the child named above either in the care of a Local Authority or a child who was previously in the care of a Local Authority but ceased to be so because he/she became subject to an adoption order, a child arrangements order or a special guardianship order? Yes * No

*If so please state the Local Authority that cares for the child (or previously cared for the child) and the date of the order if applicable.
Please also state the name of the child's social worker.

.....

b) Does the child named above have complex needs ? Yes No

If so please give details regarding their Special Educational Needs

.....
.....

Section 3 - Your details

Title (Mr, Mrs, Miss, Ms)

Name

Relationship to child

Address (if different from child's address)

..... Postcode

Phone:.....

Please now enter your preferred schools

Section 4

No: 1

Name of School:

Reasons: (please tick any that apply)

This is the admission zone school

The child will have a brother or sister here when they start school

Please give the name and date of birth of the brothers or sisters:

.....

Medical or social reasons (please make sure you provide details below as we may require further information)

Religious reasons (please provide details below)

Are you applying for a Church Place? (this applies to Voluntary Aided (VA) Church Schools)

Other information:

.....
.....
.....

Section 5 **No: 2**

Name of School:

Reasons: (please tick any that apply)

This is the admission zone school

The child will have a brother or sister here when they start school

Please give the name and date of birth of the brothers or sisters:
.....

Medical or social reasons (please make sure you provide details below as we may require
further information)

Religious reasons (please provide details below)

Are you applying for a Church Place? (this applies to Voluntary Aided (VA) Church Schools)

Other information:
.....
.....
.....

Section 6 **No: 3**

Name of School:

Reasons: (please tick any that apply)

This is the admission zone school

The child will have a brother or sister here when they start school

Please give the name and date of birth of the brothers or sisters:
.....

Medical or social reasons (please make sure you provide details below as we may require
further information)

Religious reasons (please provide details below)

Are you applying for a Church Place? (this applies to Voluntary Aided (VA) Church Schools)

Other information:
.....
.....
.....

Section 7

Declaration

As far as I know, the information I have given on this form is complete and true. I understand that if I give you false information, you may withdraw any school place you have offered my child.

Your Signature: **Date:**

Your Full Name (please print):

Please return to: School Admissions Section, Children Education & Social Care, Municipal Buildings, Church Road, Stockton-on-Tees TS18 1XE

Any personal information provided on this form will be held in accordance with the Data Protection Act 2018 and used solely for the purpose for which you provide it. This information will be destroyed when it is no longer required for this purpose. For more information on how we use your personal data please view our Privacy Notice on our website www.stockton.gov.uk

REMEMBER TO RETURN YOUR FORM BY THE 15 January 2019. IF YOUR FORM IS RECEIVED LATE YOUR APPLICATION WILL BE CONSIDERED AFTER ALL THOSE RECEIVED ON TIME SO YOU MAY NOT GET YOUR PREFERRED SCHOOL.