For office use only: **Received by _____school name/HCC** *Please date stamp*

IN

Application for a School Place In Year

Please read the accompanying guidance notes and privacy notice before completing this form.
The pupil's parent/guardian should complete the form in BLOCK CAPITALS, and sign the declaration overleaf, to confirm they have parental responsibility.

NB: ***If your child has an Education, Health and Care plan, please contact the SEN team to request a change of school placement. Please do not complete this form.***

Name of school you are applying for:			
Date the place is required:			
Child's surname:		Forenames:	
Any previous surname:		Current year group:	
Date of birth:		Gender:	
Child's permanent address:			
Postcode:			
Child's current school:		Leaving date:	
Please provide details of the adult completing this form:			
Title:		Forename:	Surname:
Address (if different from child's address:			
Postcode:			
Home telephone number:		Mobile/other (daytime):	
Email address:			
Relationship to child (please select the relevant box)			
Parent ☐ Legal guardian ☐ Step parent ☐ Social worker ☐ Other (please state)			
Do you have parental responsibility for this child?			
Are you applying for a school place for any other children?			

If yes, please provide details:

Child's Name	Date of Birth

Please provide reasons for changing your child's school:

Is the child in care, or has the child previously been in the care of the Local Authority or state care outside of England?	
If the child is in care, this application must be completed by the social worker. Evidence is required for children who were previously in care (see guidance notes)	
Is either parent a member of the UK service personnel or a crown servant returning from overseas?	
Are you applying for this school on exceptional medical/social grounds?	
If yes, you must attach to this application, evidence from a professional to support your request.	
Is either parent a member of the staff at the school? If Yes, please enter name of staff member:	
Is there a sibling on the roll of the school* or for whom an offer of a place has been accepted?	

**for infant or junior school applications, include any brother or sister at the linked infant or junior school.*

If yes, please provide details below:

Child's name	Date of birth	Year group

Displaced sibling: ☐Select the box if the sibling is attending this school because they were denied a place at their catchment school in the normal admissions round in a previous year and you still live within the same catchment area for that school. Also tick the box if the sibling was allocated a place as a consequence of an older sibling being denied a place at the catchment school as described above.

For church schools only: Are you applying for this school on faith grounds?	
If yes, you must also complete a Supplementary Information Form (SIF), available from the school. Please return both this application form and SIF to the school.	

Declaration:

I certify that the information I have given is correct to the best of my knowledge and that it is the only application I have made on behalf of this child. I understand that any place offered may be withdrawn if I give false information, even if my child has started at the school. By signing below, I also confirm that I have been provided with, read and understood the supporting privacy notice setting out how the information will be processed, including the lawful basis, any rights I have in regard to this information and who to contact if I have any concerns about how my information is being handled.

Signature of parent/carer: Date:

Please return this form to: admissions.team@hants.gov.uk

County Admissions Team, Children's Services Directorate, Elizabeth II Court North,
Winchester, SO23 8UG.