## **COMMON APPLICATION FORM (PRIMARY)**

Starting Reception year group in the 2022/23 academic year Children born 1 September 2017 to 31 August 2018

Please read the notes carefully before completing this form.

Please complete in CAPITAL LETTERS

Please post this completed form to: The Admissions Team, County Hall, New Road, Oxford, OX1 1ND Or photograph/scan and email to:

admissions.schools@oxfordshire.gov.uk



Closing date for Form

**15 JANUARY 2022** 

SECTION 1: Child's	details								
Legal Surname					First	Name			
If your child is known by a different surname, please state it here					Middle	Names			
							Male or	Female	
								Date of B	irth
Address							Day	Month	Year
Pos		tcode							
Your child's current Nur	sery or Pre	-School							
SECTION 2: Parent	(Applica	nt) detai	ls						
		(Title Prefix	x, e.g. Mr/M	rs/Miss	/Ms etc)				
Name(s) of parent / carer living at home address in Section 1								I	
Relationship to chi	ld								
Email address									
Home telephone number						e telephone e.g. mobile)			
		(Title Prefi	x, e.g. Mr/M	re/Mice	/Ms etc)				
Name(s) of other person with parental		(Title Frein	A, 6.g. WII/WI	113/111133	/ivis etc)			J	
responsibility for the child i	in Section								
Address (if different from a Section 1)	address in								
Relationship to child									
Email address									
Home telephone number						e telephone e.g. mobile)			

		Child's Name						
SECTION 3: Your preferences								
Use the boxes below to list up to four s your child to attend first in the list. If yo	•	•			-			st like
First (1st) Preference School					School Code No. Office Use			
				!				
If your child has any older brothers or sisters attending this school, please give their name(s) and date(s) of birth	Name			Name				
here	DoB			DoB				
Reasons for your preference. You can use Section 4 if you need more space								
Second (2nd) Preference School					School Code No. Office Use			
If your child has any older brothers or sisters attending this school, please give their name(s) and date(s) of birth	Name			Name		l I		
here	DoB			DoB				
Reasons for your preference You can use Section 4 if you need mo								
Third (3rd) Preference School					School Code No. Office Use			
If your child has any older brothers or sisters attending this school, please	Name			Name				
give their name(s) and date(s) of birth here	DoB			DoB				
Reasons for your preference You can use Section 4 if you need mo				<u> </u>				
Fourth (4th) Preference School						ool Code	No.	Office Use
If your child has any older brothers or sisters attending this school, please	Name			Name				
give their name(s) and date(s) of birth here	DoB			DoB				
Reasons for your preference You can use Section 4 if you need mo								

If you are applying for any of the above schools because you will be changing address, you should tell us when you expect your address to change and list the new address in the space below (if you have not already told us in Section 1 or 2 above). You will need to provide proof of the new address by 31 January 2022.

New address from						
New Address	Postcode					
		Child's Na	ame			
SECTION 4: Extra In	formation					
Does your child have an Care Pla		YES/NO	If so, which Authority maintains this Statement/Plan?			
Is your child 'looked after' or previously 'looked after' by a Local Authority?		YES/NO	If so, please give the name of your child's social worker and the Authority			
Are you moving as a new posting as Service or Crown Servant personnel?		YES/NO	If so, please give date of your move			
Is your child eligible for Se (SPP)		YES/NO	If so, you will need to provide evidence			
You can use this space to gany of the preferences you						
These can include phereasons relating to your resulting to yo	ilosophical reasons,					
child, or reasons which you	u think are relevant to					
one or more of the published admissions rules for the school						
SECTION 5: Additional information for Own Admission Authority (OAA) schools						
Some schools will want to see proof that your child is of a particular faith and/or has been baptised. You should provide a copy of your child's baptismal certificate. If you attach it to this form, the Council will forward it to all relevant schools on your behalf						
My child is of the following	g faith/denomination					
My child has been baptised	On (date)					
iviy ciliiu nas been baptised	At (location)					
Some schools have a supplementary form which you should also fill in and provide to the school concerned to complete your application. If you attach it to this form, the Council will send it to the school on your behalf.						

My child is a child of a member of staff who works at the school (name of school and name of staff member)

Equalit famil  You wi the appl	ty Act 2010? Or doe ly) have exceptional needs? Il need to provide wi ropiate professional your fam	ritten evidence from person involved with ily I Premium or Service Il need to provide	YES/NO Further Information:				
		1		See overleaf	f for Declaration and Signature bo		
			Child's Name				
SECTI	ON 6: Informat	ion and Declara	tion				
Please re	ead the important in	formation below and tl	he declaration befo	ore you sign and da	ate.		
•	<ul> <li>The co-ordinated admissions scheme allows for a maximum of one school to be offered to the child whose details are in Section 1.</li> </ul>						
•	• Subject to the availability of places and the application of the over-subscription criteria for the preferred school(s), the preference(s) listed in Section 3 will be complied with and a place at the highest preferred school will be offered (unless this is not possible because there are no places available or there is a greater number of applicants that have a higher priority for a place using the admissions rules).						
•	• If a place cannot be offered at any preferred school(s), and the child lives in Oxfordshire, a place will be offered at the nearest available school with a place instead.						
Please r	note that, if you delib	erately give false infor	mation, we may wi	ithdraw your child's	offer of a school place		
	All the information	I have given on this for	orm is correct to the	e best of my knowl	ledge.		
	I understand that I am giving my consent that Oxfordshire County Council can process the information in this form for admissions purposes and can share it with other agencies and admissions authorities for admissions purposes only.						
	I understand that Oxfordshire County Council will keep this information securely and that any agency or admissions authority that receives this information for admissions purposes will also keep this information securely.						
	I understand that Oxfordshire County Council will securely destroy this form no later than August 2023.						
	I understand that Oxfordshire County Council will keep an electronic record of the content of this form until August 2029, after which time the electronic record of the content of this form will be destroyed.						
	I understand that I have the right to request the electronic record of the content of this form to be deleted before August 2029.						
	I understand that I can request a copy of the electronic record that Oxfordshire County Council holds about the application that has been made on behalf of the child whose details are in Section 1 before August 2029.						
(Tick to	confirm you have rea	ad and agree to these	statements)				
,	Signature				Date		