

## PRIMARY IN YEAR COMMON APPLICATION FORM (CAF) 2022-2023 This form should be used for applying for primary schools in North East Lincolnshire

Section A: Pupils Details							
First Name (s)							
Surname							
Gender							
Date of birth	/	1					
Year Group	Y Rec.	Y1 🗌	Y2 🗌	Y3 □	Y4 🗌	Y5 🗌	Y6 □
Home Address							
Post Code							
Is the child Looked A	fter (in public	care)			Yes 🗌 N	lo 🗌	
Was the child previou	ısly Looked A	fter (previously	y in publ	ic care)	Yes 🗌 N	1o 🗌	
Is the child Internatio	nally Adopted	Previously Lo	oked Aft	er	Yes N	lo 🗌	
Does the child have a	n Education I	Health and Car	e Plan (E	HCP) ?	Yes N	o 🗌	
OFFICE USE ONLY: CAPITA / SEN CHECK (√ / X) Date: Initials:							
Section B: Parents/Carers Details							
Title	Mr 🗌	Mrs [		Miss	Ms [		Other
First Name (s)						·	
Surname							
Are you the child's	Pare	ent 🗌		Carer $\square$		Social Wo	rker 🗌
Telephone Number							
Mobile Number:							
E-mail address							
Is there anyone who should not have access to, or information about the child?							
If Yes please specify	who and for w	hat reason					
Section C: Current School Details							
Current School							
Address							
Telephone Number							
Last date attended (if	left)						

Section D: Reason for Admission/Transfer				
Reason for admission / transfer request (If you have moved house please give the old and new address and date of moving. Please note we may request some evidence of the move)				
Section E: Other Information				
If you are requesting a transfer due to a change of address or for any other reason, have you informed your child's current school?				
If you do not wish discuss the transfer with your child's current school, please advise the reason for this below and sign. Please note this information is for the school admissions team only and will not be disclosed to your child's current school.				
Parent/Carer Signature				
Parent/Carer Signature  Are there any other agencies/services involved with the child/family? Yes  No if yes, give details below				
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Are there any other agencies/services involved with the child/family? Yes No if yes, give details below				
Are there any other agencies/services involved with the child/family? Yes No if yes, give details below				

Section F: Requested School Details				
First Preference				
* Name of Sibling: DOB:				
Second Preference				
* Name of Sibling: DOB:				
Third Preference				
* Name of Sibling: DOB:				
<ul> <li>NOTES:</li> <li>Although you are asked to give reasons for each preference the Admission Authority can only apply the reasons if they are part of the published admission criteria.</li> <li>If you are requesting a Faith School as a preference you may be asked to complete a supplementary form.</li> </ul>				
If all of the relevant sections have not been completed or if information is incomplete, the form will be returned to you and this could delay your application. Therefore, please ensure you complete the form in as much detail as possible.				
Section G: Declaration				
I confirm that by signing this document, where more than one person shares parental responsibility for the child, I have consulted and agreed with that person on this application prior to submission.  In addition I am aware that where parents/carers share equally parental responsibility for the child then only one address can be considered and this is the one nominated on this CAF (this will be verified by the local authority on behalf of all admission authorities. Note: Documentary evidence may be requested). I declare that the information provided is correct.				

## **Information Sharing and Consent**

I understand that the information I have provided to North East Lincolnshire Council regarding my child and family will be recorded and used for the purpose of providing services, support, advice and guidance to my child and family. I agree to my family's personal information being processed and shared by North East Lincolnshire Council with appropriate partners and organisations to enable them to provide us with services, support, information, advice and guidance in order to achieve a positive outcome for me and my family. North East Lincolnshire Council is the Data Controller for the processing of my personal information and that will process all personal information in accordance with the Data Protection Act and GDPR.

Name:		
Signature:	Parent / Carer / Social Worker	(Delete as appropriate)
Date:		

## What do I do next?

Unless you have signed Section E above you should give the whole form to your child's current school. They should complete page 4 of this form and then return it back to you. You should then send the whole form to:

School Admissions Team, Access and Inclusion Service,
Civic Offices, Knoll Street, Cleethorpes, North East Lincolnshire, DN35 8LN
(schooladmissions@nelincs.gov.uk)

## PRIMARY IN YEAR COMMON APPLICATION FORM (CAF) PART TWO

This part should be completed by the child's current school and information will only be forwarded to the requested school once an admission has been agreed.

Current School Details				
Name of School:				
Contact Name (for the School Admissions Team)				
Note: On Completion by the current school this form is to School Admissions Team.	o be returned to th	e Parent/Carer for them to forward	to the	
Has the transfer request been discussed with the sc	hool?	Yes 🗌 No 🗌		
Name and designation of person with whom discussed:				
Signature:				
Is the transfer due to a significant change of address	s?	Yes No No		
Is there any advice or information that you feel vinvolved, any additional support required etc.)	would assist the	requested school? (e.g. other	agencies	
		SCHOOL STAMP		