SECONDARY IN-YEAR COMMON APPLICATION FORM (CAF) 2024-2025

This form should be used for applying for secondary schools in North East Lincolnshire

NORTH EAST LINCOLNSHIRE COUNCIL
www.nelincs.gov.uk

Instructions

1. Complete Sections A-G, ensuring that you read and sign the declaration (G).
2. Submit completed form to the School Admissions Team (by email or post) for processing.
3. All secondary schools in North East Lincolnshire process their own In-Year admission requests; you should receive notification of the school place decision within 15 __school days__ of submission – if you have any queries on the progress of your application please contact the preference academy directly.

schooladmissions@nelincs.gov.uk **01472 326291 (option 4)**	**School Admissions Team, New Oxford House, George Street, Grimsby, North East Lincolnshire, DN31 1HB**

Section A: Child's Details

First Name(s):					
Surname:					
Date of birth:			**Gender:**		
Current Year Group:	Y7 ☐	Y8 ☐	Y9 ☐	Y10 ☐	Y11 ☐
Home Address:					
Post Code:					

Is the child Looked After (in public care, under Children's Social Services)?	Yes ☐	No ☐
Was the child previously Looked After (previously in public care)?	Yes ☐	No ☐
Is the child Internationally Adopted Previously Looked After?	Yes ☐	No ☐
Does the child have an Education Health and Care Plan (EHCP)?*	Yes ☐	No ☐

If "Yes", please contact the SEN Team to discuss your request: 01472 326291 (opt 3) or email sen@nelincs.gov.uk

OFFICE USE ONLY:	**CAPITA / SEN CHECK** ☐	**Date:**	**Initials:**

Section B: Parents/Carers' Details

Title:	Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other (please specify):
First Name(s):					
Surname:					
Relationship to child:	Parent ☐		Carer ☐		Social Worker ☐
Telephone Number(s):					
E-mail address:					
Is there anyone who should not have access to, or information about the child?				Yes ☐	No ☐

If Yes to the above question, please specify who and for what reason:

Section C: Current School Details

Name of current/most recent school:		
Address (if not in NE Lincs):		
Telephone Number:		
Is child still attending?	Yes ☐ No ☐	**If "No", what was last date attended?**	

Section D: Reason for Admission/Transfer Request

What is the reason for your application? (please tick)

Moved into / recently returned to North East Lincolnshire	☐	*Please give details of previous address below:*
Moved / moving address <u>within</u> North East Lincolnshire	☐	*Please give details of previous/moving address below:*
	Moving Date:	
Transport issues	☐	*Please give brief details below:*
Difficulties / issues at current school*	☐	*Please give brief details below:*

*We would advise you to talk to your child's current school before submitting this transfer application.

Section E: Other Information

Have you informed your child's current school of this transfer request?	**Yes** ☐ **No** ☐

If you do not wish to discuss the request with child's current school, please advise of the reason(s) below and sign.
Please note that it may be necessary to contact your child's previous school for information with regards to attendance, attainment and behaviour in order to process your request.

Parent/Carer Signature:	
Are there any other agencies/services involved with the child/family?	**Yes** ☐ **No** ☐

If YES, please give details below (names/contact details for involved worker(s)):

Does the child have any additional learning/medical needs?	**Yes** ☐ **No** ☐

If YES, please give details below:

Section F: Your School Preferences

1ˢᵗ Preference (name of school):

Reasons for Preference (tick all reasons you think are relevant and give additional details where requested):

Catchment ☐	Sibling attends ☐ *give details below¹*	Child of staff ☐ *give details below²*	Other ☐ *give details below³*
¹ Name of sibling:		**Sibling date of birth:**	
² Name of member of staff:		**Position/start date:**	
³ Other reason:			

2ⁿᵈ Preference (name of school):

Reasons for Preference (tick all reasons you think are relevant and give additional details where requested):

Catchment ☐	Sibling attends ☐ *give details below¹*	Child of staff ☐ *give details below²*	Other ☐ *give details below³*
¹ Name of sibling:		**Sibling date of birth:**	
² Name of member of staff:		**Position/start date:**	
³ Other reason:			

3ʳᵈ Preference (name of school):

Reasons for Preference (tick all reasons you think are relevant and give additional details where requested):

Catchment ☐	Sibling attends ☐ *give details below¹*	Child of staff ☐ *give details below²*	Other ☐ *give details below³*
¹ Name of sibling:		**Sibling date of birth:**	
² Name of member of staff:		**Position/start date:**	
⁴ Other reason:			

- **The Admission Authority can only apply reasons if they are part of the published admission criteria.**

Please ensure that this form is completed in as much detail as possible. If any relevant sections are incomplete, the form will be returned to you, and this could delay the processing of your application.

Section G: Declaration

By signing this form, I certify that I have parental responsibility for the child named in Section A, that no other adult with parental responsibility objects to this application and that the information given on this form is true to the best of my knowledge. I understand that giving false or misleading information, or withholding relevant information, may result in the withdrawal of a school place offer.

I understand that where parents/carers share equal parental responsibility for a child, only one physical home address can be considered and this is the one nominated on this CAF (the local authority may request evidence to verify the stated address).

Information Sharing and Consent: I understand that the information I have provided to North East Lincolnshire Council (NELC) 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 NELC 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. NELC 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:		Date:	
I am the child's:	Parent ☐ Carer ☐ Social Worker ☐	and confirm that I hold Parental Responsibility for the child	