

# SECONDARY IN-YEAR COMMON APPLICATION FORM (CAF)

## 2025-2026

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



### 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](mailto:schooladmissions@nelincs.gov.uk)  
01472 326291

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 <input type="checkbox"/>	Y8 <input type="checkbox"/>	Y9 <input type="checkbox"/>	Y10 <input type="checkbox"/>	Y11 <input type="checkbox"/>
Home Address:					
Post Code:					

Is the child Looked After (in public care, under Children's Social Services)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the child previously Looked After (previously in public care)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child Internationally Adopted Previously Looked After?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have an Education Health and Care Plan (EHCP)?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\*If "Yes", please contact the SEN Team to discuss your request: 01472 326291 or email [sen@nelincs.gov.uk](mailto:sen@nelincs.gov.uk)

OFFICE USE ONLY:

CAPITA / SEN CHECK ☐

Date:

Initials:

### Section B: Parents/Carers' Details

Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please specify):
First Name(s):					
Surname:					
Relationship to child:	Parent <input type="checkbox"/>	Carer <input type="checkbox"/>	Social Worker <input type="checkbox"/>		
Telephone Number(s):					
E-mail address:					
Is there anyone who should not have access to, or information about the child?	Yes <input type="checkbox"/>				No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>	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	<input type="checkbox"/>	Please give details of previous address below:
Moved / moving address <u>within</u> North East Lincolnshire	<input type="checkbox"/>	Please give details of previous/moving address below:
	Moving Date:	
Transport issues	<input type="checkbox"/>	Please give brief details below:
Difficulties / issues at current school*	<input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details below (names/contact details for involved worker(s)):	
Does the child have any additional learning/medical needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details below:	

## Section F: Your School Preferences

<b>1<sup>st</sup> Preference (name of school):</b>			
<b>Reasons for Preference (tick all reasons you think are relevant and give additional details where requested):</b>			
<b>Catchment</b> <input type="checkbox"/>	<b>Sibling attends</b> <input type="checkbox"/> <i>give details below<sup>1</sup></i>	<b>Child of staff</b> <input type="checkbox"/> <i>give details below<sup>2</sup></i>	<b>Other</b> <input type="checkbox"/> <i>give details below<sup>3</sup></i>
<b><sup>1</sup> Name of sibling:</b>			<b>Sibling date of birth:</b>
<b><sup>2</sup> Name of member of staff:</b>			<b>Position/start date:</b>
<b><sup>3</sup> Other reason:</b>			

<b>2<sup>nd</sup> Preference (name of school):</b>			
<b>Reasons for Preference (tick all reasons you think are relevant and give additional details where requested):</b>			
<b>Catchment</b> <input type="checkbox"/>	<b>Sibling attends</b> <input type="checkbox"/> <i>give details below<sup>1</sup></i>	<b>Child of staff</b> <input type="checkbox"/> <i>give details below<sup>2</sup></i>	<b>Other</b> <input type="checkbox"/> <i>give details below<sup>3</sup></i>
<b><sup>1</sup> Name of sibling:</b>			<b>Sibling date of birth:</b>
<b><sup>2</sup> Name of member of staff:</b>			<b>Position/start date:</b>
<b><sup>3</sup> Other reason:</b>			

<b>3<sup>rd</sup> Preference (name of school):</b>			
<b>Reasons for Preference (tick all reasons you think are relevant and give additional details where requested):</b>			
<b>Catchment</b> <input type="checkbox"/>	<b>Sibling attends</b> <input type="checkbox"/> <i>give details below<sup>1</sup></i>	<b>Child of staff</b> <input type="checkbox"/> <i>give details below<sup>2</sup></i>	<b>Other</b> <input type="checkbox"/> <i>give details below<sup>3</sup></i>
<b><sup>1</sup> Name of sibling:</b>			<b>Sibling date of birth:</b>
<b><sup>2</sup> Name of member of staff:</b>			<b>Position/start date:</b>
<b><sup>4</sup> Other reason:</b>			

- 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.

<b>Name:</b>			
<b>Signature:</b>			<b>Date:</b>
<b>I am the child's:</b>	Parent <input type="checkbox"/> Carer <input type="checkbox"/> Social Worker <input type="checkbox"/> and confirm that I hold Parental Responsibility for the child		