

PRIMARY IN-YEAR COMMON APPLICATION FORM (CAF) 2026-2027

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



Instructions

1. Complete Sections A-G, ensuring that you read and sign the declaration (G).i
2. Submit completed form to the School Admissions Team (by email or post) for processing.i
3. We aim to provide notification of the school place decision within **15 school days** of submission – please do not contact School Admissions to query on progress during this period, unless you wish to withdraw your application.

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:	Y Rec. ☐	Y1 ☐	Y2 ☐	Y3 ☐	Y4 ☐	Y5 ☐	Y6 ☐
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 or email sen@nelincs.gov.uk

OFFICE USE ONLY:	CAPITA / SEN CHECK ☐	Date:	Initials:
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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:i					
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 this transfer request with your child's current school, please advise of the reason(s) for this below and sign	
<i>This information is for the school admissions team and will not be disclosed to your child's current school unless there are specific safeguarding concerns.</i>	
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 ☐ <i>give details below¹</i>	Child of staff ☐ <i>give details below²</i>	Religion / Faith ☐ <i>give details below³</i>	Other ☐ <i>give details below⁴</i>
¹ Name of sibling:			Sibling date of birth:	
² Name of member of staff:			Position/start date:	
³ Religion: <i>We may ask for supplementary evidence, according to the requested school</i>				
⁴ 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 ☐ <i>give details below¹</i>	Child of staff ☐ <i>give details below²</i>	Religion / Faith ☐ <i>give details below³</i>	Other ☐ <i>give details below⁴</i>
¹ Name of sibling:			Sibling date of birth:	
² Name of member of staff:			Position/start date:	
³ Religion: <i>We may ask for supplementary evidence, according to the requested school</i>				
⁴ 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 ☐ <i>give details below¹</i>	Child of staff ☐ <i>give details below²</i>	Religion / Faith ☐ <i>give details below³</i>	Other ☐ <i>give details below⁴</i>
¹ Name of sibling:			Sibling date of birth:	
² Name of member of staff:			Position/start date:	
³ Religion: <i>We may ask for supplementary evidence, according to the requested school</i>				
⁴ Other reason:				

- The Admission Authority can only apply reasons if they are part of the published admission criteria.
- If requesting a Faith School as a preference you may be asked to complete a supplementary form.

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		