

SECONDARY
IN YEAR COMMON APPLICATION FORM (CAF) 2017-2018
This form should be used for applying for secondary schools in North East Lincolnshire

Section A: Pupils Details

First Name (s)					
Surname					
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>				
Date of birth	/ /				
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)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child previously Looked After (previously in public care)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have a Statement of Special Educational Needs/EHCP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OFFICE USE ONLY:

CAPITA / SEN CHECK (✓ / X)

Date:

Initials:

Section B: Parents/Carers Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
First Name (s)				
Surname				
Are you the child's	Parent <input type="checkbox"/>	Carer <input type="checkbox"/>	Social Worker <input type="checkbox"/>	
Telephone Number				
Mobile Number:				
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 please specify who and for what reason				

Section C: Current School Details

Current School	
Address	
Telephone Number	
Last date attended (if left)	

Section F: Requested School Details

First Preference.....
Reasons you think are relevant, eg – Catchment/***Sibling (brother/sister) attends**/Distance/ Religion or Faith/Other

* **Name of Sibling:** _____ **DOB:** _____

Second Preference.....
Reasons you think are relevant, eg – Catchment/***Sibling (brother/sister) attends**/Distance/Religion or Faith/Other

* **Name of Sibling:** _____ **DOB:** _____

Third Preference.....
Reasons you think are relevant, eg – Catchment/***Sibling (brother/sister) attends**/Distance/ Religion or Faith/Other

* **Name of Sibling:** _____ **DOB:** _____

NOTES:

- 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.
- If you are requesting a Faith School as a preference you may be asked to complete a supplementary form.

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).

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 Services,
Civic Offices, Knoll Street, Cleethorpes, North East Lincolnshire, DN35 8LN**

