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| NELCweb  **TRANSFER OF PUPILS TO SECONDARY EDUCATION - SEPTEMBER 2017**  COMMON APPLICATION FORM (CAF) | | | | | **School Admissions , Access Services,**  **Civic Offices, Knoll Street, Cleethorpes,**  **North East Lincolnshire, DN35 8LN**  **Telephone: (**01472) 326291 (option 4);  **Email:** schooladmissions@nelincs.gov.uk  **Website:** www.nelincs.gov.uk  SECOND ALLOCATION CLOSING DATE:-  29 March 2017 | | |
| Only residents of North East Lincolnshire should use this form. It is essential that you complete a CAF for any school/academy you are applying for (Note: Taking the entrance exam for a school does not mean you have applied for a place).  **Please return this CAF to the address above**. Please note it is the parent/carers responsibility to ensure this CAF is received by School Admissions before the closing date. | | | | | | | |
| **Section A : Your Child’s Details** | | | | | | | |
| Name of Child | |  | | | | | |
| Child’s Date of Birth | | / / | | | | Gender | Male/Female |
| Child’s Address | |  | | | | | |
|  | | | | | | Post Code |  |
| School/Academy currently attending | | |  | | | | |
| **Note** if the above address is different to the one the Local Authority holds on its database, you will be asked for evidence of the address. Your application will only be considered under this address once the evidence has been verified and accepted. | | | | | | | |
| **For Office use Only** | Date Evidence Requested | | | SAT Officer Initials | | Date Evidence Verified | Admissions Team Manager |
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| **Section B : Applicant’s details** | | | |
| Title | Mr / Mrs / Miss / Ms **\* Please Delete as appropriate** | | |
| First Name(s) |  | Surname |  |
| Relationship to child | Father / Mother / Carer | Other – please specify |  |
| Mobile Number |  | Landline Number |  |
| Work Number |  | Email |  |

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| **Section C: Other people with Parental Responsibility** | | | | |
| Please provide details of anybody else with parental responsibility who does not live at the above address | | | | |
| Title | Mr / Mrs / Miss / Ms **\* Please Delete as appropriate** | | | |
| First Name(s) |  | Surname |  | |
| Relationship to child | Father / Mother / Carer | Other – please specify |  | |
| Address |  | | Post Code |  |
| Mobile Number |  | Landline Number |  | |
| Work Number |  | Email |  | |

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| **Section D :** | |
| Please tick this box only if the child is ‘looked after’ / ‘previously looked after’ by the local authority |  |
| Please tick this box only if the child has a Statement of Special Educational Needs/Education, Health and Care Plan |  |

**Please complete your preferences over the page…**

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| **Section E – Preferences (please list up to three schools in rank order)**  **Please note: Although you are able to give reasons for your preferences, by ticking the boxes, the respective admissions authorities can only consider these reasons if they are part of the published admissions criteria.** |

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| **First Preference: (Print school here)** | | |
| 1. Catchment |  | If you have ticked the sibling box enter, in the box below, **name and date of birth details of brothers/sisters** who will attend this school in September 2017 |
| 1. Older Sibling (Complete box opposite) |  |
| 1. Grimsby Town School of Excellence |  |  |
| 1. Feeder School |  |
| 1. Children of Staff (Complete box opposite) |  | If you have ticked the children of staff box enter, in the box below the **name of the member of staff; position they hold**; **and when they started** |
| 1. Religion or Faith |  |
| 1. Distance / Ease of Travel |  |  |
| 1. Grammar School |  |

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| **Second Preference: (Print school here)** | | |
| 1. Catchment |  | If you have ticked the sibling box enter, in the box below, **name and date of birth details of brothers/sisters** who will attend this school in September 2017 |
| 1. Older Sibling (Complete box opposite) |  |
| 1. Grimsby Town School of Excellence |  |  |
| 1. Feeder School |  |
| 1. Children of Staff (Complete box opposite) |  | If you have ticked the children of staff box enter, in the box below the **name of the member of staff; position they hold**; **and when they started** |
| 1. Religion or Faith |  |
| 1. Distance / Ease of Travel |  |  |
| 1. Grammar School |  |

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| **Third Preference: (Print school here)** | | | | | |
| 1. Catchment |  | If you have ticked the sibling box enter, in the box below, **name and date of birth details of brothers/sisters** who will attend this school in September 2017 | | | |
| 1. Older Sibling (Complete box opposite) |  |
| 1. Grimsby Town School of Excellence |  |  | | | |
| 1. Feeder School |  |
| 1. Children of Staff (Complete box opposite) |  | If you have ticked the children of staff box enter, in the box below the **name of the member of staff; position they hold**; **and when they started** | | | |
| 1. Religion or Faith |  |
| 1. Distance / Ease of Travel |  |  | | | |
| 1. Grammar School |  |
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| **Section F – Religion or Faith** | | | | | |
| Please complete if you have listed **Holy Family Catholic Academy** as a preference and you wish to apply on religious grounds. | | | | | |
| Please state religion/faith | | | Place of worship normally attended | | |
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| Date and Place of Baptism (catholic applicants only) Note: you may be asked to supply further information | | | | | |
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| **Section G – Declaration** | | | | | |
| 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. **NOTE**: Where more than one person shares parental responsibility for a child, those persons should consult and agree. Only **ONE** form will be accepted for each child. I agree that the information provided is correct. I agree that this form may be passed to schools/academies, other council departments, other relevant agencies and the independent admissions appeals panel.  **Please sign here after reading the above. Any unsigned forms will be returned to parents/carers/social workers** | | | | | |
|  |  |  | |  |  |
| Signature |  |  | | Date |  |
|  |  |  | |  |  |
| I am the Parent\*/Carer\*/Social Worker\* **\* Please Delete as appropriate** | | | | | |