

TRANSFER FROM INFANT TO JUNIOR SCHOOL
SEPTEMBER 2019

COMMON APPLICATION FORM (CAF)

CLOSING DATE: 15 JANUARY 2019

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: attending an infant school does not mean that you have applied for the associated junior school).

Please return your completed CAF to School Admissions at the address above. Please note that it is the parent/carers responsibility to ensure this CAF is received by School Admissions by the closing date.

Section A : Your Child's Details

Name of Child			
Child's Date of Birth	/ /	Gender (<i>Delete as appropriate</i>)	Male/Female
Child's Address			
		Post Code	
Infant School currently attending			

Note: if the above address is different to the one the Local Authority holds on its database, you may be asked for evidence of the address. Your application will only be considered on this address once the evidence has been verified and accepted.

For Office use Only	Date Evidence Requested	SAS Officer Initials	Date Evidence Verified	Admissions Team Manager

Section B : Applicant's details

Title	Mr / Mrs / Miss / Ms (<i>Delete as appropriate</i>)		
First Name(s)		Surname	
Relationship to Child	Father / Mother / Carer	Other – please specify	
Mobile Tel. No.		Landline Tel. No.	
Work Tel. No.		Email	

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 (<i>Delete as appropriate</i>)		
First Name(s)		Surname	
Relationship to child	Father / Mother / Carer	Other – please specify	
Address			Post Code
Mobile Tel. No.		Landline Tel. No.	
Work Tel. No.		Email	

Section D :

Please tick this box only if the child is 'looked after' / 'previously looked after' by the local authority

A 'looked after child' is a person under the age of 18 who is provided with accommodation by a local authority, acting in its social services capacity, for a continuous period of more than 24 hours, by agreement with the parents or in accordance with Section 22 of the Children's Act 1989. 'Previously looked after' refers to those children who immediately after being looked after became subject to an adoption order, child arrangements order (under the provisions of the Children and Families Act 2014), or specialist guardianship order (under Section 14A of the Children Act 1989). Children looked after under an agreed serious of short term placements (respite care) are excluded.

Please tick this box only if the child has an Education, Health and Care Plan (EHCP)

These children will have undergone a statutory assessment of their special educational needs. Where a school/academy is named in Part 4 of the plan, the school/academy must admit the child.

Please complete your preferences over the page...

Section E – Preferences (please tick the box next to the Junior school that you wish your child to transfer to)

Please note: Although you are able to give reasons for your preferences by ticking the boxes next to the relevant section, the admissions authority can only consider these reasons if they are part of the published admissions criteria for that school.

SCARTH0 JUNIOR ACADEMY <input type="checkbox"/>		<i>(please tick if you would like your child to transfer to this Junior school)</i>
Catchment	<input type="checkbox"/>	SIBLING DETAILS: please give name & date of birth of brother/sister who will also attend Scartho Junior Academy in September 2019 below:
Associated Infant School	<input type="checkbox"/>	
Older Sibling <i>(give details opposite)</i>	<input type="checkbox"/>	
Distance / Ease of Travel	<input type="checkbox"/>	

SIGNHILLS ACADEMY <input type="checkbox"/>		<i>(please tick if you would like your child to transfer to this Junior school)</i>
Catchment	<input type="checkbox"/>	SIBLING DETAILS: please give name & date of birth of brother/sister who will also attend Signhills Infant Academy or Signhills Academy in September 2019 below:
Associated Infant School	<input type="checkbox"/>	
Sibling <i>(give details opposite)</i>	<input type="checkbox"/>	
Distance / Ease of Travel	<input type="checkbox"/>	CHILDREN OF STAFF: please give name of the member of staff; job title / position held; and when they started in post below:
Children of Staff <i>(give details opposite)</i>	<input type="checkbox"/>	

WILLIAM BARCROFT JUNIOR SCHOOL <input type="checkbox"/>		<i>(please tick if you would like your child to transfer to this Junior school)</i>
Catchment	<input type="checkbox"/>	SIBLING DETAILS: please give name & date of birth of brother/sister who will also attend William Barcroft Junior School in September 2019 below:
Older Sibling <i>(give details opposite)</i>	<input type="checkbox"/>	
Distance / Ease of Travel	<input type="checkbox"/>	

FOR CHILDREN CURRENTLY ATTENDING HOLTON-LE-CLAY INFANTS SCHOOL ONLY:

HOLTON-LE-CLAY JUNIOR SCHOOL <input type="checkbox"/>		<i>(please tick if you would like your child to transfer to this Junior school)</i>
Catchment	<input type="checkbox"/>	SIBLING DETAILS: please give name & date of birth of brother/sister who will also attend Signhills Infant Academy or Signhills Academy in September 2019 below:
Associated Infant School	<input type="checkbox"/>	
Sibling <i>(give details opposite)</i>	<input type="checkbox"/>	
Distance / Ease of Travel	<input type="checkbox"/>	CHILDREN OF STAFF: please give name of the member of staff; job title / position held; and when they started in post below:
Children of Staff <i>(give details opposite)</i>	<input type="checkbox"/>	

Section F – 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

Applicant's Signature: _____ Date: _____

I am the child's: Parent / Carer / Social Worker *(Delete as appropriate)*