COMMON APPLICATION FORM (PRIMARY)

Starting Reception year group in the 2019/20 academic year Children born 1 September 2014 to 31 August 2015

Please read the notes carefully before completing this form.

Please complete in CAPITAL LETTERS

Please post this completed form to: The Admissions Team County Hall, New Road Oxford, OX1 1ND



Closing date for Form

15 JANUARY 2019

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SECTION 1: Child's	details								
Legal Surname				First	Name				
If your child is known by a different surname, please state it here				Middle	Names				
						Mal	le or	Female	
							I	Date of E	Birth
Address						D	ay	Month	Year
	Pos	tcode							
Your child's current Nurs	sery or Pre	-School							
SECTION 2: Your pro	eference	es							
Use the boxes below to list your child to attend first in the	•	•	•				•		most like
First Preference School						Sch	ool (Code No.	Office Use
If your child has any older be sisters attending this school give their name(s) and date	ol, please	Name			Name		•		
birth here	(-)	DoB			DoB				
Reasons for your You can use Section 3 if y									
0 Du-f O-b						Io i	1.4	0 I N	0" 11
Second Preference Schoo	ol .					Sch	1001	Jode No.	Office Use
If your child has any older brothers or							<u> </u>		
sisters attending this school give their name(s) and da		Name			Name				
birth here		DoB			DoB				
Reasons for your You can use Section 3 if y									
Third Preference School						Sch	ool (Code No.	Office Use
If your child has any older be sisters attending this school	ol, please	Name			Name				
give their name(s) and da birth here	ate(s) of	DoB			DoB				
Reasons for your You can use Section 3 if y									

		Orma o rec		
SECTION 3: Extra In	formation			
Does your child have a S Educational Need or an I Care Pla	Education, Health &	YES/NO	If so, which Authority maintains this Statement/Plan?	
Is your child 'looked after' after' by a Local		YES/NO	If so, please give the name of your child's social worker and the Authority	
Does your child have a disa Equality Act		YES/NO	Please give the nature of your child's disability	
Are you moving as a new Crown Servant		YES/NO	If so, please give date of your move	
You can use this space to for any of the preference Section 2. These can in reasons, reasons relating to fyour child, or reasons relevant to one or more admissions rules for the space of	is you have listed in clude philosophical to your religion or that which you think are to of the published			
SECTION 4: Addition	nal information f	or Own	Admission Authority sch	ools
My child is of the following	g faith/denomination			
My child has been baptised	On (date) At (location)			
cate. If you attach it to this for Some schools have a supplem	m, Oxfordshire County C nentary form which you s	ouncil will fo hould also f	sed. You should provide a copy of your provide it to all relevant schools on you all in and provide to the school concern send it to the school on your behalf.	ur behalf
My child is a child of a m works at the school (nan				
SECTION 5: Your de	tails			
Name(s) of parents / carers living at home address in Section 1		iss/Ms/Oth	er	
Relationship to child				
Email address				
Home telephone num	nber		Alternative telephone number (e.g. mobile)	
OFOTION O. D. I	4:			
SECTION 6: Declara		rmotica	o may withdraw your abilella affer	of a pohoci place
All the information I have gi	ven on this form is cor	rect to the	ve may withdraw your child's offer best of my knowledge. I understa formation in this form for education	and that I am giving my

share it with other agencies and admissions authorities for educational purposes. I understand that Oxfordshire County

(Tick to confirm you have read and agree to this statement)

Date

will keep this information securely.

Signature

Child's Name