

COMMON APPLICATION FORM (SECONDARY)

Admission to Secondary School to start Year 7 in September 2024

Children born 1 September 2012 to 31 August 2013

Please read the notes carefully before completing this form.

Please complete in CAPITAL LETTERS

Please photograph/scan this completed form and email to:

admissions.schools@oxfordshire.gov.uk

Or post to School Admissions Team at:

County Hall, New Road, Oxford, OX1 1ND

Office Use Only

Date Received

Added

Closing date for Form

31 OCTOBER 2023

SECTION 1: Child's details

| | | | | | |
|--|----------|--------------|---------------|-------|------|
| Legal Surname | | First Name | | | |
| Known by a different surname? Please state it here | | Middle Names | | | |
| Address | | | Male / Female | | |
| | | | Date of Birth | | |
| | | | Day | Month | Year |
| | | | | | |
| | Postcode | | | | |

| | |
|---|--|
| Your child's current Primary or Junior school | |
|---|--|

SECTION 2: Parent (Applicant) details

| | | | |
|---|---|--|--|
| Name(s) of parent / carer living at home address in Section 1 | (Title Prefix, e.g. Mr/Mrs/Miss/Ms etc) | | |
| | | | |
| Relationship to child | | | |
| Email address | | | |
| Home telephone number | | Alternative telephone number (e.g. mobile) | |

| | | | |
|---|---|--|--|
| Name(s) of other person with parental responsibility for the child in Section 1 | (Title Prefix, e.g. Mr/Mrs/Miss/Ms etc) | | |
| | | | |
| Address (if different from address in Section 1) | | | |
| Relationship to child | | | |
| Email address | | | |
| Home telephone number | | Alternative telephone number (e.g. mobile) | |

| | |
|--------------|--|
| Child's Name | |
|--------------|--|

SECTION 3: Your preferences

Use the boxes below to list up to four schools you would like your child to attend. Put the school you would most like your child to attend first in the list. If you know the code for the school, please write it in the boxes provided.

| | | | | | | | | |
|--|------|--|------|-----------------|--|--|--|------------|
| First (1st) Preference School | | | | School Code No. | | | | Office Use |
| | | | | | | | | |
| Any older brothers or sisters attending this school? Please give name(s) and date(s) of birth here | Name | | Name | | | | | |
| | DoB | | DoB | | | | | |
| Reasons for your preference. You can use Section 4 if you need more space | | | | | | | | |

| | | | | | | | | |
|--|------|--|------|-----------------|--|--|--|------------|
| Second (2nd) Preference School | | | | School Code No. | | | | Office Use |
| | | | | | | | | |
| Any older brothers or sisters attending this school? Please give name(s) and date(s) of birth here | Name | | Name | | | | | |
| | DoB | | DoB | | | | | |
| Reasons for your preference. You can use Section 4 if you need more space | | | | | | | | |

| | | | | | | | | |
|--|------|--|------|-----------------|--|--|--|------------|
| Third (3rd) Preference School | | | | School Code No. | | | | Office Use |
| | | | | | | | | |
| Any older brothers or sisters attending this school? Please give name(s) and date(s) of birth here | Name | | Name | | | | | |
| | DoB | | DoB | | | | | |
| Reasons for your preference. You can use Section 4 if you need more space | | | | | | | | |

| | | | | | | | | |
|--|------|--|------|-----------------|--|--|--|------------|
| Fourth (4th) Preference School | | | | School Code No. | | | | Office Use |
| | | | | | | | | |
| Any older brothers or sisters attending this school? Please give name(s) and date(s) of birth here | Name | | Name | | | | | |
| | DoB | | DoB | | | | | |
| Reasons for your preference. You can use Section 4 if you need more space | | | | | | | | |

Applying for any of the above schools because you will be changing address? Tell us when you expect your address to change and tell us the new address in the space below (if you have not already told us in Section 1 or 2 above). We need proof of the new address by 13 November 2023 for it to be used for allocation on 1 March 2024.

| | |
|-----------------------|--|
| New address from date | |
|-----------------------|--|

| | |
|-------------|----------|
| New Address | |
| | |
| | |
| | Postcode |

| | |
|--------------|--|
| Child's Name | |
|--------------|--|

SECTION 4: Extra Information

| | | | |
|--|--------|---|--|
| Child has an Education, Health & Care Plan ? | YES/NO | If YES, which Authority maintains this Plan? | |
| Child is 'looked after' or was previously 'looked after' by a Local Authority or was in state-care outside the UK? | YES/NO | If YES, tell us the name of your child's social worker and the Authority (or Country) | |
| Moving as a new posting as Service or Crown Servant personnel? | YES/NO | If YES, tell us the date of your posting | |
| Child eligible for Service Pupil Premium (SPP)? Check online: https://tinyurl.com/OxonSPP | YES/NO | If YES, you will need to provide evidence | |
| Use this space to give further reasons for any of the preferences you have listed in Section 3. These can include philosophical reasons, reasons relating to your religion or that of your child, or reasons which you think are relevant to one or more of the published admissions rules for the school(s) | | | |
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SECTION 5: Additional information for Own Admission Authority (OAA) schools

Some schools will want to see proof that your child is of a particular faith and/or has been baptised and/or will want a copy of your child's baptismal certificate or a letter from a religious leader. If you send evidence with this form, the Council will forward it to all relevant schools on your behalf.

| | |
|---|---------------|
| My child is of the following faith/denomination | |
| My child has been baptised | On (date) |
| | At (location) |

Some schools have a supplementary form (SIF) they will want you to fill in and provide to complete your application. If you send a SIF with this form, the Council will send it to the school on your behalf.

| | |
|--|------------------------------------|
| My child is a child of a member of staff who works at the school (name of school, name of staff member and their job) | |
| Child has a disability as defined in the Equality Act 2010? Or your child (or your family) has exceptional medical or social needs? You need to provide written evidence from the appropriate professional person involved with your family | YES/NO Further Information: |
| Child eligible for Pupil Premium or Service Pupil Premium? You will need to provide evidence of this | YES/NO |

| | |
|--------------|--|
| Child's Name | |
|--------------|--|

SECTION 6: Information and Declaration

Please read the important information below and the declaration before you sign and date.

- The co-ordinated admissions scheme allows for a maximum of one school to be offered to the child whose details are in Section 1.
- Subject to the availability of places and the application of the over-subscription criteria for the preferred school(s), the preference(s) listed in Section 3 will be complied with and a place at the highest preferred school will be offered (unless this is not possible because there are no places available or there is a greater number of applicants that have a higher priority for a place using the admissions rules).
- If a place cannot be offered at any preferred school(s), and the child lives in Oxfordshire, a place will be offered instead at the nearest school that has places not offered to other children.

Please note that, if you deliberately give false information, your child's offer of a school place may be withdrawn

- All the information I have given on this form is correct to the best of my knowledge.
- I understand that I am giving my consent that Oxfordshire County Council can process the information in this form for admissions purposes and can share it with other agencies and admissions authorities for admissions purposes only.
- I understand that Oxfordshire County Council will keep this information securely and that any agency or admissions authority that receives this information for admissions purposes will also keep this information securely.
- I understand that Oxfordshire County Council will securely destroy this form no later than August 2025.
- I understand that Oxfordshire County Council will keep an electronic record of the content of this form until August 2029, after which time the electronic record of the content of this form will be destroyed.
- I understand that I have the right to request the electronic record of the content of this form to be deleted before August 2029.
- I understand that I can request a copy of the electronic record that Oxfordshire County Council holds about the application that has been made on behalf of the child whose details are in Section 1 before August 2029 unless I have requested the information deleted before this date.

(Tick to confirm you have read and agree to these statements)

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|