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For School Office Use Only		
Date Received at School		Signed

APPLICATION FOR A SCHOOL PLACE FOR SEPTEMBER 2019

Please complete in BLOCK CAPITALS and return to your local school. It is the responsibility of the parent to ensure this form is returned by the appropriate deadline (See leaflet for dates).

For details on how to complete this form please refer to the Information for Parents booklet. Parents should note that in accordance with the School Admissions Code, after the closing date preferences cannot be changed unless there is a genuine reason for doing so, for example, if the family have recently moved address.

Part A – Child’s Personal Details:

Child’s Forename			
Child’s Surname			
Is the name above your child’s legal name?			Yes/No
Child’s Date of Birth		Male/Female	
Child’s Address			
Current School (if applicable)			

Part B - Preferred Schools

Please write the names of the schools you would like your child to attend. Your preferences will be considered in the order they are shown on this form against the published admission criteria.	
1 st Preference	
2 nd Preference	
3 rd Preference	

If any of the above preferences are for church aided schools or academies you may wish to also contact the school direct. They may ask you to complete a supplementary information form to enable your application to be considered against the school’s oversubscription criteria.

Part C - Supporting Information (Please tick relevant box if appropriate)

Please give reasons for the preference listed overleaf and attach any additional pages or supporting information as may be needed (see information for parent booklet for details of supporting evidence required).

Please turn over and complete Part C (if applicable) and Part D

My child has an EHCP.		
This child is/was previously * in public care and looked after by a Local Authority. Please confirm details of relevant authority, social worker/contact details in the other information box below. * please delete as applicable		
There are exceptional and compelling social, medical or psychological reasons that make it essential for this child to attend the first named school only(<i>Supporting evidence from an appropriately qualified professional i.e. a medical consultant or psychologist) explaining why it is essential for the child to attend the school must be submitted by the deadline for applications in this category</i>).		
If you are caring for someone else's child for more than 28 days, you do not have parental responsibility for them and you are not a relative such as a grandparent, brother, sister, uncle or aunt (whether full blood, half blood or by marriage or civil partnership) or step-parent, you may be private fostering. It is a legal requirement that you contact West Sussex County Council on: 01403 229900 or email: MASH@westsussex.qcsx.gov.uk Are you privately fostering this child?		Yes/No
My child will have a brother/sister attending the school/a linked school* in September. *applicable for the starting school applications only.		
Sibling Name:		Sibling Date of Birth:
School Name		

Other information supporting your application. This will only be considered where relevant to the over-subscription criteria published for by the relevant admission authority for the school(s).

Part D – Confirmation and declaration

In submitting this application to West Sussex County Council I confirm that I have parental responsibility for this child, that I have the agreement of all persons with parental responsibility, and that all the information given is legal and true. I have read the relevant information and understand that I must notify the council of any change in my circumstances. I understand that any offer of a place made as a result of this application may be withdrawn if I give false information or fail to notify the council of any changes.

I understand that the information, including contact details, I have provided will be used to allocate school places, and will be shared with other LAs with whom the child may become associated, the DfE and other officers in the County Council. It will be shared with the allocated school to facilitate transition arrangements.

I understand the authority is under a duty to protect the public funds it administers, and to this end may use the information I have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

The West Sussex County Council (WSSCC) Pupil Entitlement Team use personal data in line with the West Sussex County Council Privacy Policy. WSSCC respects your privacy and is committed to protecting your personal data. We comply with the Data Protection Act 2018 and the General Data Protection Regulations EU 2016/679) (GDPR). For further information, see our general Privacy Policy on our website. A paper copy of the Privacy Notices, including the Privacy Notice for Pupil Entitlement, can be provided upon request.

Print Name:		Signature:	
Date:		Relationship to Child:	
Home Tel: No:		Work Tel: No:	
E-mail address:			