

LATE APPLICATION

Only Wolverhampton residents **must** fill in this form. If you live outside the City of Wolverhampton you must fill in the form available from the council within whose area you live. Before you fill in the form, please read carefully the accompanying notes of guidance as well as the 'Starting School in Wolverhampton 2024/2025 booklet which is available online at www.wolverhampton.gov.uk/admissions. Complete forms must be returned as detailed on **page 4** of this form. The **Admissions and Appeals Team** can be contacted on **01902 551122**.

Please note this will be treated as a late application.

Please use black ink and BLOCK CAPITALS.

1. Child's details

Surname/last name

First name

Middle name(s)

Gender Boy ☐ Girl ☐

Child's exact date of birth

Day Month Year

Child's home address

This must be the address where the child normally lives. If this is different from the Parent/Carer's address given on page 3 of this form, please explain why on a separate sheet of paper. If parents share custody, please refer to the 'Starting School in Wolverhampton 2024/2025' booklet at www.wolverhampton.gov.uk/admissions for information about filling in this form.

Please read carefully the above instructions and the notes of guidance, then write your child's home address in the boxes below.

[illegible]

Current School

Name _____

For office use only

☐ Ontime Application

Issued by

Date of Issue

SIF Issued (yes/no)

Recorded on Spreadsheet ☐

DATE
RECEIVED

2. School Preferences

Please insert the dfe school code, postcode and the school name of up to FIVE infant/primary schools for which you wish to apply. You must list the schools in the order you prefer them. List all state maintained schools, Academies and Free schools, including any schools which are situated outside of Wolverhampton, but not any independent (fee paying) schools for which you are applying. Your application details will be forwarded to the relevant local authority or school as appropriate. Please include the name and date of birth of any sibling **(please refer to individual school's admission criteria for definition of sibling)**.

Please use the box opposite each preference if you wish to state any exceptional medical or social reason, for which you must submit supporting evidence from a relevant professional, or any other reason for any of your preferred schools. It is very important that you check the admission criteria of each school for which you are applying to see if priority for admission can be given on these grounds.

1st preference

School name	<input type="text"/>	If you are claiming social or medical reasons please indicate what documentary evidence you are providing with your application
DfE no. (if known)	<input type="text"/>	
Post code	<input type="text"/>	
Please provide details below of a sibling already attending this preferred school		
Surname	<input type="text"/>	
First name	<input type="text"/>	
Gender	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Date of birth <input type="text"/>

2nd preference

School name	<input type="text"/>	If you are claiming social or medical reasons please indicate what documentary evidence you are providing with your application
DfE no. (if known)	<input type="text"/>	
Post code	<input type="text"/>	
Please provide details below of a sibling already attending this preferred school		
Surname	<input type="text"/>	
First name	<input type="text"/>	
Gender	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Date of birth <input type="text"/>

3rd preference

School name	<input type="text"/>	If you are claiming social or medical reasons please indicate what documentary evidence you are providing with your application
DfE no. (if known)	<input type="text"/>	
Post code	<input type="text"/>	
Please provide details below of a sibling already attending this preferred school		
Surname	<input type="text"/>	
First name	<input type="text"/>	
Gender	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Date of birth <input type="text"/>

4th preference

School name	<input type="text"/>	If you are claiming social or medical reasons please indicate what documentary evidence you are providing with your application
DfE no. (if known)	<input type="text"/>	
Post code	<input type="text"/>	
Please provide details below of a sibling already attending this preferred school		
Surname	<input type="text"/>	
First name	<input type="text"/>	
Gender	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Date of birth <input type="text"/>

5th preference

School name	<input type="text"/>	If you are claiming social or medical reasons please indicate what documentary evidence you are providing with your application
DfE no. (if known)	<input type="text"/>	
Post code	<input type="text"/>	
Please provide details below of a sibling already attending this preferred school		
Surname	<input type="text"/>	
First name	<input type="text"/>	
Gender	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Date of birth <input type="text"/>

3. Children whose parent/carer is a member of staff employed at the school

Please note: This criterion only applies to permanent staff members, and excludes staff employed on a casual/temporary contract

Are you as Parent/Carer currently employed on a permanent contract by any of the Schools listed, and have you been employed for two or more years or been recruited to a vacant post at the school for which there is a demonstrable skills shortage? **Yes** ☐ **No** ☐

If **Yes**, name the School:
and ask the School if you are required to complete a Supplementary Information Form (SIF).

4. Children in public care

Is the child a 'Looked After Child' / previously 'Looked After' Child? **Yes** ☐ **No** ☐

If **yes**, please state which Local Authority/Country

If yes, please also provide a letter from the Social Worker confirming the legal status of the child and the local authority with whom the child is in care. The letter should also provide the reasons for the preference for schools. If the child is from outside of England, then provide the relevant legal documents.

In the case of adopted children, please provide a copy of Section 46 of the adoption order.

5. Special Educational Needs

Does your child have an **Education Health Care Plan**? **Yes** ☐ **No** ☐

If **yes**, please contact the Senstart Team 01902 555961. **Do not continue to complete this form.**

6. Allocation of a School Place where Parental Preference Cannot be Met

If it is not possible to allocate a place at any of your preferred schools we shall allocate a place at the nearest Wolverhampton maintained school that has a place available (i.e. an undersubscribed school). This may be an Academy, Community, Voluntary Controlled, Voluntary Aided or Free school, with the approval of the relevant admitting authority.

7. Are you a Returning Service/Crown Servant Family? **Yes** ☐ **No** ☐

If **yes**, please state your moving date Application must be accompanied by an official letter declaring relocation date and address

8. Parent's/Carer's details

Title Initials

Surname

Relationship to child

Mother ☐ Father ☐ Step Parent* ☐ Foster Parent* ☐

Social Worker* ☐ Other family member* ☐ State relationship Legal Guardian* ☐

If you are caring for someone else's child for more than 28 days and are not an immediate relative you may be private fostering and it is a legal requirement that you contact the local authority on 01902 551133.

Further information is available at www.wolverhampton.gov.uk.

First line of parent's/ carer's address

Second line of parent's/ carer's address

City Post Code

Home Tel No. Daytime Tel No.

Email Address

* Written proof of parental responsibility ie residency order, must be provided to the Local Authority to support your application

8. Declaration and Signature of Parent's/Carer's

I/We wish to make an application to the schools listed, which I/We have ranked in order of my/our preference. I/We certify that I/we am/are the person(s) with parental responsibility for the child named and that the information given is true to the best of my/our knowledge and belief. I/We understand that any false or deliberately misleading information given on this form and supporting papers, or any relevant information withheld, will render this application invalid and could lead to the withdrawal of an offer of a school place for my/our child.

The information provided on this application form will be used to ensure that the council's records are correct. It may also be shared with other agencies and service providers to ensure that your child receives an appropriate service.

I/We confirm that I/we have read and understood the notes relating to this application. I/We give my/our consent for the school admissions service to contact the relevant agencies in order to validate this application.

Signature of Parent/Carer

Print Name

Date

Signature of Parent/Carer

Print Name

Date

Personal Information Policy

City of Wolverhampton Council (the 'council') respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the council and other information about you available to the council ('your information'). In accordance with UK Data Protection Law, the council will use your information, for the purpose of processing your application for a school place, to (a) deal with your requests and administer its departmental functions; (b) meet its statutory obligations; and (c) prevent and detect fraud. The council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other departments within the council (including the elected Members), central Government departments, law enforcement agencies, statutory and judicial bodies, community service providers and contractors that process data on its behalf. The council may also use and disclose information, that does not identify individuals, for research and strategic development purposes. For further information about your information rights please see the Council's privacy notice which can be viewed here: <http://www.wolverhampton.gov.uk/privacy-policy>.

9. Checklist

Before returning this form, please ensure that you have:

- ☐ Read the 'Starting School in Wolverhampton 2024/2025' booklet which is available online.
That you have also read the relevant booklet for any other council to which school you are applying.
- ☐ Have included proof of address, where necessary.
- ☐ Checked that your home address lies within the administrative area of City of Wolverhampton Council.
- ☐ Filled in all relevant sections of this form.
- ☐ Provided any supporting evidence required by the admitting authority to support your application (e.g. a letter from a relevant professional to confirm that the child is in public care or to support any reasons for your preference).
- ☐ Filled in **any supplementary information forms** necessary, please refer to the admission arrangements of each school/academy for the correct form and where to return it to (some are required to be returned to the Civic Centre and others directly to the school/academy).

10. Returning the Form

The completed form should be returned to the Admissions & Appeals Section, School Places and Transport, City of Wolverhampton Council, Civic Centre, St Peter's Square, Wolverhampton WV1 1RL

LATE APPLICATION (Deadline was 15 January 2024)