

Common Application Form (CAF) Primary School Admission September 2018



Doncaster
Council

School Stamp and Initials

Date

Time

Please complete in CAPITALS and BLACK INK

Home Addresses are routinely checked and places may be withdrawn if a false address has been given.

Section 1 Your Child

First Name _____ Legal Surname _____

Date of Birth _____ Male Female

Name of Present School _____ Start Date at Present School _____

Child's Home Address _____

Postcode _____

Tick this box if your child has a
Statement of Special Educational Needs or
Education, Health and Care Plan (EHCP)

SEN Statement/EHCP

Tick this box only if your child is:

*Note: If the child is currently in Public Care,
this form must be signed by their social worker.*

Currently in Public Care

Previously in Public Care

*see overpage

Name of Local Authority currently responsible for the child _____

Section 2 Your Details

Mr/Mrs/Ms/Miss/Other _____ First Name _____ Surname _____

You are the child's Mother Father Other – please specify _____

Daytime Contact Telephone _____ Email _____

Your Home Address (if different) _____

Postcode _____

How long have you lived at this address? _____

If this is less than 6 months, please give details of your previous address (including move dates):

List any other properties which you own/rent, and reasons why you are not applying under this address:

Section 3 Details of Siblings who will be attending a preferred school in September 2017.
(Include pupils attending a junior school.)

Name of sibling _____ Date of Birth _____

School name _____

Name of sibling _____ Date of Birth _____

School name _____

Section 4 Preferences you can list up to three schools and must rank them in order.

1st Preference School _____

2nd Preference School _____

3rd Preference School _____

PLEASE TURN OVER AND SIGN THE FORM

Section 5 Additional Reasons can be given for your preferences below

Section 6 Declaration

I certify that the information on the form is correct.

I confirm that all other persons with parental responsibility have been contacted and have agreed to the transfer request. I also confirm that to my knowledge, there are no applications before the courts by a parent, or someone claiming to be a parent etc, disputing the child's residence or which school they should attend.

I have read and understood the admissions procedure set out in the *Admission to Primary School* booklet.

Parent/Carer Signature _____ Date _____

Parent/Carer Full Name (please print) _____

Child in Public Care

Social Worker Name (Please print) _____

Social Worker Signature _____

The information we are asking you to provide will only be used for us to consider your request for your child to be admitted to primary school and will be passed on to Admissions, Attendance and Pupil Welfare Service to fulfill your request, unless the law allows or if you give us further permission for the re-use of the information. All information supplied will be stored securely and will be retained for a period of 25 years from the child's date of birth. The information will be held in accordance with the Data Protection Act 1998 and forthcoming EU General Data Protection Regulation. If you have any questions about the collection of your information, what rights you have or wish to complain about the use of your information, please contact Nikki [Minnikin](mailto:dataprotection@doncaster.gov.uk), Data Sharing and Protection Officer dataprotection@doncaster.gov.uk or Civic Office, [Waterdale, Doncaster, DN1 3BU](#).

REMEMBER TO HAVE THE RECEIPT COMPLETED.

YOU MUST KEEP THE RECEIPT AS PROOF THAT YOUR APPLICATION HAS BEEN RECEIVED.

OFFICE USE ONLY

Ent: _____ Date: _____ Initials: _____ SIB: Y/N & Yr Gp: _____

Pref 1: Crit: Decision: 1. Previous Apps: _____

Pref 2: Crit: Decision: 2. CAS: _____

Pref 3: Crit: Decision: 3. Allocated: _____

AIF BapCert SuppLet None

APPLICATION FORM NOTES

Section 1 Your Child

Are they or have they been in public care? Answer, Yes, if they are or have been in the care of a local authority.

*Child Previously in Public Care

Children previously in public care because they were adopted or became subject to a residence order/child arrangement order or special guardianship order. Parents/carers will need to submit documents that show this.

Section 3 Older Siblings

Sibling definitions can be found in the Admission to School booklet.

Section 4 Preferences

You are advised to read the *Admission to Primary School* booklet before completing this section. Please be aware that in the event of you not receiving an offer of a place at a preferred school, the Council will not be held responsible where a place was not offered as a result of an error made by you because you did not read the *Admission to Primary School* booklet.

Section 7 Declaration

You should be aware that if a child is offered a place at a school on the basis of false or intentionally misleading information provided by you, then the offer of the school place may be withdrawn. If your child is attending the school on this basis, the sibling criterion will not apply to future applications.

GENERAL INFORMATION

The closing date for receiving applications is **15 January 2018**

Applying for a Church School in Doncaster

You should also complete the additional information forms as follows:

- The green form is for Church of England Schools.
- The yellow form is for Catholic Schools.

Applying for a Church School outside Doncaster

You should contact the school to ask for a copy of their additional form.

You can also get a copy from the Local Authority where the school is located.

Other Local Authority contact details can be found in our booklet at Appendix 5.

Completed Application Forms should be returned to

Your child's present school if in Doncaster, or

Doncaster Council, School Admissions Team, Civic Office, Waterdale, Doncaster DN1 3BU.

Please note that the completion and return of this form does not guarantee a place in any of your preferred schools.

RECEIPT – SCHOOL OR COUNCIL TO COMPLETE AND SIGN

Primary Common Application Form 2018

School/Council Stamp

Child's Name _____

Date of Birth _____

Date received _____

at _____ School

Signed _____ Name – please print _____

You must keep this completed receipt as proof that your form has been received.

Decisions will be posted to parents on 16 April 2018.

No decisions will be given over the phone.