

# Common Application Form (CAF) Primary School Admission September 2017



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Home Addresses are routinely checked and places may be withdrawn if a false address has been given.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

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 \_\_\_\_\_

**DATA PROTECTION**

We need the information we are asking for, so that your request for your child to be admitted to a school can be considered. This information is recorded on a computer system and may be shared with other agencies that are involved in the health and welfare of school children. If you have any questions, please contact Doncaster Council's Admissions and Pupil Services Team.

**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 2017**

### 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.

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## RECEIPT – SCHOOL OR COUNCIL TO COMPLETE AND SIGN

Primary Common Application Form 2017

School/Council Stamp

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date received \_\_\_\_\_

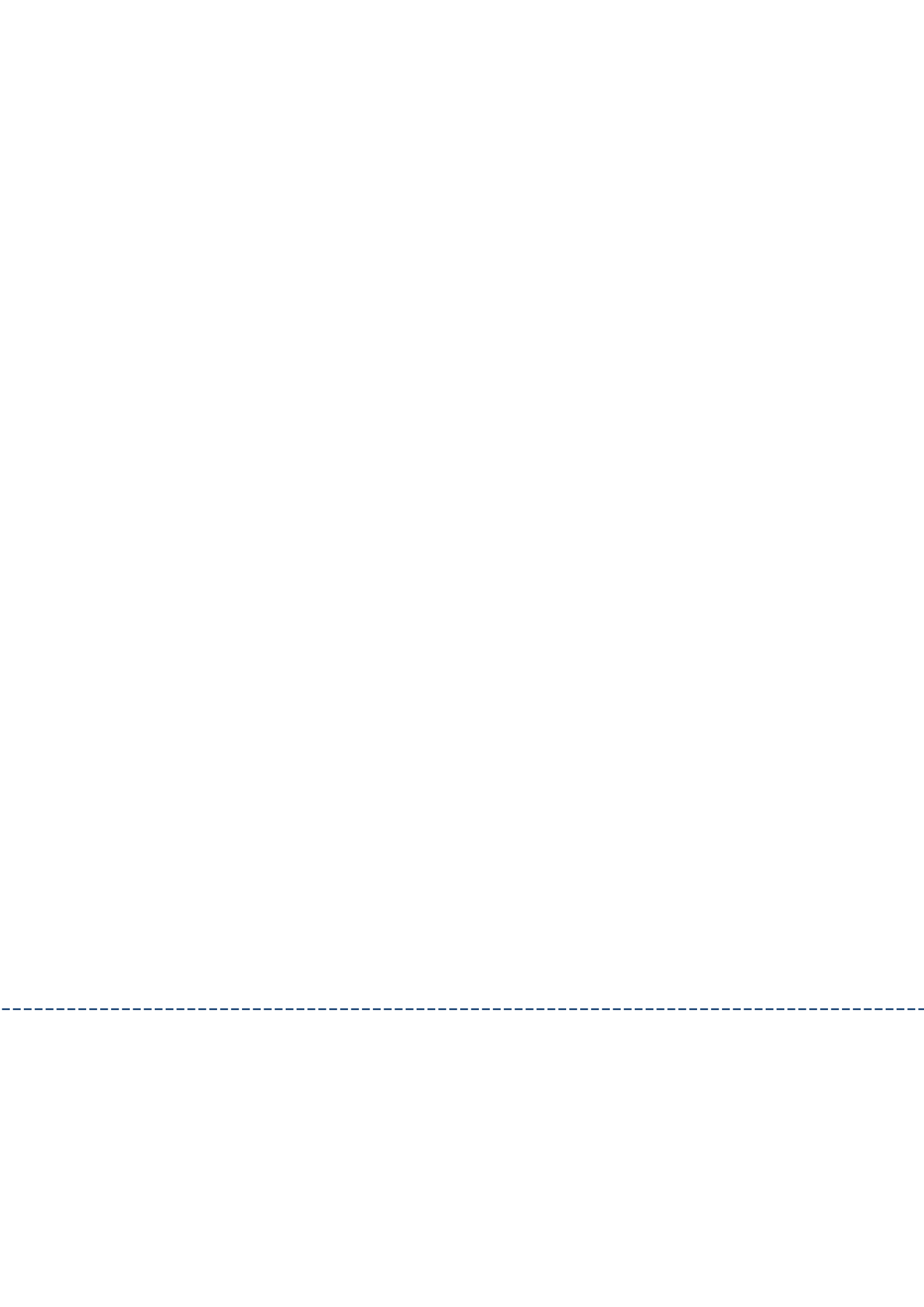
at \_\_\_\_\_ School

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 17 April 2017.**

**No decisions will be given over the phone.**



# Additional Information Form

## Church of England Aided School

### September 2017

Supplementary information form to make an Application for a Church of England Aided School.  
Please complete in CAPITALS and BLACK INK and send it to your requested Church of England school(s).  
**IMPORTANT:** Only complete this form if one of your requested schools is a Church of England School.

Name of pupil for whom application is made \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Requested school \_\_\_\_\_

1 Please tick one box from those below to indicate your child's faith or religion

Christian  Please state denomination \_\_\_\_\_  
(see definition – [www.churches-together.org.uk](http://www.churches-together.org.uk))

Other Faith  Please state \_\_\_\_\_

2 If appropriate, please name your present parish/place of worship

\_\_\_\_\_

3a Is this application supported by a regular pattern of worship by parents/carers and/or the child, as defined in the school's admission policy? Yes  No

3b If yes, please complete the Minister's Reference Form overleaf, and ask your Minister of Religion to countersign it.

Full Name and signature of person completing this form

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**WHEN COMPLETE RETURN FORM TO YOUR REQUESTED SCHOOL**

# Minister of Religion Reference Form

Name of child \_\_\_\_\_

Name of parent/carer \_\_\_\_\_

Address of parent/carer \_\_\_\_\_

\_\_\_\_\_

In considering church school admission applications, priority is given to those who can prove a long-standing and regular pattern of attendance for worship at a public place of worship as defined in the school's Admission Policy. Some schools make a distinction between attendance of Parent(s)/Carer(s) and attendance of the child (see the school's Admissions Policy).

The Parent(s)/Carer(s) should complete the details below at EITHER Section 1(a) OR 1(b) and then ask their Minister of Religion to countersign the form as Section 2.

## SECTION 1

Either (a) I/We the parent/carer(s) of \_\_\_\_\_ have worshipped at the Church of \_\_\_\_\_ for \_\_\_\_\_ (insert frequency – e.g. twice a month) for the last \_\_\_\_\_ (insert length of time – e.g. two years)

Signature (parent/carer) \_\_\_\_\_ Date \_\_\_\_\_

Or (b) My/Our child (name of child) \_\_\_\_\_ has worshipped at the Church of \_\_\_\_\_ for at least \_\_\_\_\_ (insert frequency – e.g. twice weekly) for the last \_\_\_\_\_ (insert length of time – e.g. six months)

Signature (parent/carer) \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 2 Please check Admissions Policy of school.

I confirm that the above statement is correct.

Name of Minister \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature (Minister of Religion) \_\_\_\_\_ Date \_\_\_\_\_

SCHOOL USE ONLY Date Received \_\_\_\_\_

WHEN COMPLETE RETURN FORM TO YOUR REQUESTED SCHOOL

# Additional Information Form

## Catholic School in the Diocese of Hallam September 2017

Additional information form to make an Application for a place in a Catholic Primary School in the Diocese of Hallam. Please complete in CAPITALS and BLACK INK. Ensure that you have completed all the relevant parts of the form and send it to your requested Catholic school.

**IMPORTANT:** Only complete this form if one of your requested schools is a **Catholic School**.

Full Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Requested Catholic School/s \_\_\_\_\_

Please tick one box from those below to indicate your child's faith or religion

Roman Catholic

Other Christian  Please state \_\_\_\_\_  
(see definition – [www.churches-together.org.uk](http://www.churches-together.org.uk))

Other Faith  Please state \_\_\_\_\_

Not applicable

Present parish/place of worship (if applicable) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

If your child is a Roman Catholic/baptised Christian please attach a photocopy of the Baptismal Certificate or proof of Baptism.

If your child is not a Roman Catholic and worships in another Christian Church or is of another faith, please ask your Minister or Religious Leader to complete the reference below.

## Minister/Religious Leader's Reference

Please state how you know the child and how frequently they worship within your community

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your Church a full member of Churches Together in England? Yes  No

Name of Minister/Religious Leader \_\_\_\_\_

Signed \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

### SCHOOL USE ONLY

Date application received \_\_\_\_\_ Baptismal Certificate/proof received

Category for admission \_\_\_\_\_ Reference from Minister/Religious Leader

