

Application for a place at primary school

September 2019

For further information on school admissions and nearest school search, please go to: iwight.com/schooladmissions where you can also apply for a school place online.

If you make an application online do not return this form to school admissions.

Please list a maximum of three primary schools you wish your child to attend in order. Failure to include your nearest school may result in your child being allocated a school not of your preference or some distance from your home.

This form must be returned to School Admissions and Transport, County Hall, Newport, Isle of Wight, PO30 1UD by midnight on 15 January 2019.

If you are applying for a place at a church aided primary school you must also contact the aided primary school(s) to obtain their supplementary information form. The supplementary form together with any supporting evidence must be returned to the school(s) by the time stated in their policies by 15 January 2019.

Failure to meet this deadline will result in your application being treated as late, and your preferences will not be considered until after those that were received on time.

Please ensure you use the correct postage to send this form and enclose a stamped, addressed envelope, if you require acknowledgment that the form has been received. **We recommend that you do this.**

1. Child's details

Child's legal surname	Child's legal first name										
Child's other name(s)											
Please tick: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (Day/Month/Year) <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
Number/name of house											
Road/street name											
Town	Postcode <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Nursery, pre-school or playgroup currently attending											
Parent/guardian home telephone number	Work telephone number										
Mobile telephone number	Email address										

Do you have an older child living with you who is (i) currently attending an Isle of Wight primary school, and (ii) who will still be attending that school in September 2019? (Some schools include siblings who are attending in September 2018, please check the schools admission policy to confirm this) *If yes please give details below.*

Surname	Date of birth (Day/Month/Year) <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
First name											
School	Current year group										

2. Other information

- (a) Does the child have an education, health and care plan (EHCP)? Yes No
- (b) Is the child in the care of a local authority? (if yes, please provide evidence). Yes No
- (c) Are you applying for a place at any of your preferred schools on medical grounds?
*If yes, you should attach to this form a letter from a registered healthcare professional or similar, confirming the medical condition and stating why it is essential that your child attends a particular primary school. Any supporting medical evidence **must** be received by the closing date of midnight on 15 January 2019.* Yes No
- (d) Does your child currently have a parent/legal guardian who is employed by one of the schools listed in your preferences? Yes No

School

3. Your preferred primary schools

Please list below a maximum of three primary schools you wish your child to attend in **order**. Failure to include your nearest school may result in your child being allocated a school not of your preference or some distance from your home.

We strongly recommend that you read the section entitled 'What is stating a preference?' in *Educating your Child* before listing your preferred schools available online at iwight.com/schooladmissions

My first preferred primary school is

My second preferred primary school is

My third preferred primary school is

4. Parents'/guardians' details

Parent/guardian 1

Mr/Mrs/Miss/Ms

First name(s)

Surname

Relationship to child

Parent/guardian 2

Mr/Mrs/Miss/Ms

First name(s)

Surname

Relationship to child

Do you live at the same address as the child? Yes No

Do you live at the same address as the child? Yes No

I(we) confirm that all the information on this form is correct and that I(we) have parental responsibility for the child named in section 1. Where parental responsibility is shared with another person who the child does not ordinarily live with, I confirm that I have made that person aware of this application. I(we) understand that the authority reserves the right to verify the information I(we) have supplied and that any offer of a place based on fraudulent information will be withdrawn.

Parent/guardian 1

Parent/guardian 2

Date

Documents I have attached to this form (please tick).

- Registered health professional letter, naming the school and the reasons for medical criterion.
- Other relevant information, eg, LAC evidence.

Privacy notice

The Isle of Wight Council is the data controller for the personal information you provide on this form. The council's data protection officer is the head of legal services and monitoring officer and can be contacted at dpo@iow.gov.uk. You can contact the council by phone on 01983 821000 or by writing to us at County Hall, High Street, Newport, IW PO30 1UD.

We will keep your personal information for as long as we are required to do so under relevant legislation or in accordance with our operational requirements. We may share your information with other agencies involved with your application

Further information relating to how we use your data can be found at:

iwight.com/Residents/Schools-and-Learning/Schools/Privacy-Notice2

If you have any queries concerning this please write to:

School Admissions, Isle of Wight Council, County Hall, Newport, Isle of Wight PO30 1UD.

Or email: school.admissions@iow.gov.uk

FOR OFFICE USE ONLY

070CS 08/18 SC

a) Received

b) Acknowledged

EMS