In -Year Admission to a School (Primary)

			For office use	e only
				//
				EMS / /
Section 1. Rea	son for application			
Please tick one b	ox to indicate why you are n	naking this application.		
I am moving	to another part of Croydon.			
_	ring, but would like my child t	-		
2	to Croydon from elsewhere i			owing items
	ddress: council tax bill, utility		, ,	
supporting	documents : child's birth cert documents : child's birth cert	ificate, passport or chil	d benefit letter,	pring it with one of the following together with your child, to
-	's details - Please state info			r child's birth certificate
First name		Surnam	e	
Date of birth	/ /	Gender	Male 🗖	Female 🗖
Child's address				
L	Addresses are checked and	any place gained usir	ıg a false addre	ess may be withdrawn
Does your child have a Statement of Special Education Needs?			Yes 🗖	No 🗖
	o not complete this applicatio	on form and contact Cr	oydon Special N	leeds Team on
Tel. 020 8726 64	00)			
Is your Child in C	Care (Looked after Children)		Yes 🔲	No 🗖
(If Yes, please provide a letter from your Social Worker confirming the child is in Care)				
Please state the i	name of the Local Authority			
Are you applying	for any other children?		Yes 🗖	No 🗖
Total number of	other applications :			
Please provide details below and complete a separate application form for each child and send all applications together.				
				CROYDON
				CRUYDUN

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Child's name	Date of birth				
Section 3. Parent/Carer's details					
First name	Last name				
Title	ationship to Child				
Daytime number	Mobile number				
Email address					
Do you live at the same address as the child as given abov	re? Yes 🖬 No 🗖				
If No, please attach details of your address and state belo	w the reasons why your child does not live with you				
Do you have parental responsibility for the child named ab	nove? Yes 🗋 No 🗖				
If No , please explain below:					
Section 4. Child's current school or the last school he or	she attended (please go straight to section 6,				
if your child has arrived from abroad)					
Current School/ Last attended address and telephone num	ber				
Is your child still attending this school?	Yes No 🗋				
If no please indicate date last attended					
Please give to the Head teacher of your child's current school, or the last school attended, to sign in the space below.					
Head teacher's name					
Head teacher's signature					

Name of School	Location of Scl	hool	Leaving	date	Reason for Leaving
Have you discussed your rec	ason for wanting to m	ove your	child to a differ	ent school w	ith the Headteacher or
Head of Year?	PL	ease tick	: Yes [No 📮
Please attach a copy of you	ur child's recent scho	ool repor	t, if available.		
Section 5. Why I would I lik	e my child to go to a	ı new scł	nool		
Why do you want your child as you can to support your					on
Have you withdrawn your ch	nild from school?		Yes 🗖	No 📮	
If yes please tick the box mos	st relevant to you. If o	ther plea	se specify below	:	
At risk of being excluded 📮	Elective home edu	ucation [House m	iove	Withdrawal by parent 🛛
Other please specify in the b	oox below, please give	e as much	n information as	you can.	
Is your child out of school be	ecause he/she has bee	en perma	nently excluded	(please tick):	Yes 🗋 No 📮
If yes which school?			Date of e	exclusion	!!
Local authority in which sch	ool is based:				
Reason(s) for exclusion:					
Section 6. Application for c	hild newly arrived fro	om Over	seas		
Date of arrival://		Country arrived from:			
Previous School		Child's first language			
Subjects taught		Other languages spoken by the child:			
Has your child ever attended schools in the UK? Yes 🛛 No 🖵					
Name of school	Location of sch	nool	Leaving	date	Reason for Leaving

Section 7. School preferences

Please list the schools in the order you most prefer them. You can list schools in Croydon only. If you list a voluntary aided school, foundation school or Academy, you must ensure that you have completed the school's supplementary information form where required and return it to the school direct.

School 1	Reasons for preference
Full Name of School	
Name and date of birth of sibling attending the school	
School 2	Reasons for preference
Full Name of School	
Name and date of birth of sibling attending the school	
School 3	Reasons for preference
Full Name of School	
Name and date of birth of sibling attending the school	
School 4	Reasons for preference
Full Name of School	
Name and date of birth of sibling attending the school	
School 5	Reasons for preference
Full Name of School	
Name and date of birth of sibling attending the school	
School 6	Reasons for preference
Full Name of School	
Name and date of birth of brother or sister attending the school	

Section 8. Additional Information

Additional Information - Has your child had any contact with any of the services or agencies below? Please tick.					
Behaviour Support Service	Contact name: Tel:	Paediatrician	Contact name: Tel:		
Child and Adoloescent Mental Health Service (CAMHS)	Contact name: Tel:	Speech and Language	Contact name: Tel:		
Counselling	Contact name: Tel:	Social and Communication	Contact name: Tel:		
Drugs Action Team	Contact name: Tel:	Social Care	Contact name: Tel:		
Education psychology	Contact name: Tel:	Youth Early Support Panel	Contact name: Tel:		
Education welfare service	Contact name: Tel:	Youth Offending service (YOS)	Contact name: Tel:		
Learning support	Contact name: Tel:	Other	Contact name: Tel:		

Section 9. Fraudulent claim

Croydon Council takes very seriously any attempt to gain an advantage in the admissions process by giving false information, and will investigate fraudulent claims. If we offer a place at a school and then discover that the offer was made on fraudulent or misleading information i.e. a false claim to living at an address, we may withdraw the place offered.

Where a place has been offered on false information and submitted, the offer can be withdrawn even after your child has started at the school. This could cause considerable distress, particularly for the child involved.

Section 10. Declaration

I wish to make an application to the schools listed in Section 7, which I have ranked in order of my preference. I certify that I am the person with parental responsibility for the child named in Section 2 and that the information given is true to the best of my knowledge and belief. I understand that any false or deliberately misleading information given on this form and/or supporting papers, or any relevant information withheld, may render this application invalid and could lead to withdrawal of an offer of a primary school place for my child.

Parent/Carer 1:	Signed	Date	_//

PRINT NAME.....

Fair Processing

Croydon Council will handle the information you have provided in line with the provisions of the Data protection Act. Any personal information will be held in confidence with only the necessary people able to see or use it. Under the Data Protection Act, you have the right to make a formal request in writing for access to personal data held about you or your child.

Croydon Council has a duty under the Children's Act 2004 to work with partners to provide and improve services to children and young people in the area. Therefore, Croydon council may also use this information for other legitimate purposes and may share this information where necessary with other bodies responsible for administering services to children and young people. Croydon Council also has a duty to protect the public funds it administers, and to this end, it may use the information you have provided on this form for the prevention and detection of fraud.

This form must be returned to:

The Schools Admissions Team, Department for Children, Families & Learning, Croydon Council, Bernard Weatherill House, 4th Floor (Zone G), 8 Mint Walk, Croydon, CR0 1EA.

