



ROCHDALE
BOROUGH COUNCIL

Admission to Primary School

Common Application Form – September 2020 Intake

SUBMITTING YOUR APPLICATION

Once completed in full, this application should be returned to the following address:

School Admissions Team
Floor 4, Number One Riverside
Smith Street
Rochdale
OL16 1XU

The closing date for applications is **15 January 2020**.

Applications submitted after this date may be treated as a late application and dealt with in a set manner as detailed in the Admission to Primary School booklet after all on-time applications have been processed.

Admission to Primary School: September 2020



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This form must be completed in **BLOCK CAPITALS** in blue or black ink

Section 1 – About the Child			
First Name(s)		Last Name	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	----- -----		
Is the child from a multiple birth (twin, triplet etc.)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have a Statement of Special Educational Needs or Education Health and Care Plan?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child currently or has the child ever been looked after by a Local Authority?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please state:			
Care Authority:			
Social Worker Name:			
Social Worker Contact Details:			
If the child is no longer looked after please include a copy of the appropriate order (i.e. Adoption Order, Special Guardianship or Child Arrangements order) and a letter from the Local Authority that last 'looked after' your child, confirming the child was in care to the Local Authority immediately prior to the order being granted with this application.			

Section 2 – About the parent/carer			
First Name		Last Name	
Title	Mr / Mrs / Miss / Ms / Other:		
Relationship to child			
Do you have parental responsibility for this child?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Tel No.		Mobile Tel No.	
Email address			
Is your address the same as the child's address as stated above?			Yes <input type="checkbox"/> No <input type="checkbox"/>



Section 3 – Preferences

Please choose up to 4 schools as your preferences. Please note you should read the Admission Criteria for your preferred schools carefully to establish whether or not you are required to provide additional information (such as a supplementary form or a copy of a baptism certificate).

1

FIRST PREFERENCE SCHOOL

School Name:

Local Authority:

Add reasons for this preference

Sibling at school

Faith

Medical Reasons

Exceptional Welfare

Staff Child

Service Premium

Resident in parish

Social Reasons

If selecting **Faith**, please state denomination:

Sibling – please enter the sibling's details below

Sibling First Name

Sibling Last Name

Sibling Date of Birth

Sibling Gender

Supporting Information Please note if you are applying for medical or exceptional welfare reasons, additional evidence may be required to be submitted to support your application. You may continue on a separate sheet if necessary.

2

SECOND PREFERENCE SCHOOL

School Name:

Local Authority:

Add reasons for this preference

Sibling at school

Faith

Medical Reasons

Exceptional Welfare

Staff Child

Service Premium

Resident in parish

Social Reasons

If selecting **Faith**, please state denomination:

Sibling – please enter the sibling's details below

Sibling First Name

Sibling Last Name

Sibling Date of Birth

Sibling Gender

Supporting Information Please note if you are applying for medical or exceptional welfare reasons, additional evidence may be required to be submitted to support your application. You may continue on a separate sheet if necessary.



Section 3 – Preferences (continued)

Please choose up to 4 schools as your preferences. Please note you should read the Admission Criteria for your preferred schools carefully to establish whether or not you are required to provide additional information (such as a supplementary form or a copy of a baptism certificate).

3 THIRD PREFERENCE SCHOOL

School Name:		Local Authority:	
Add reasons for this preference			
Sibling at school	<input type="checkbox"/>	Faith	<input type="checkbox"/>
		Medical Reasons	<input type="checkbox"/>
		Exceptional Welfare	<input type="checkbox"/>
Staff Child	<input type="checkbox"/>	Service Premium	<input type="checkbox"/>
		Resident in parish	<input type="checkbox"/>
		Social Reasons	<input type="checkbox"/>
If selecting Faith , please state denomination:			
Sibling – please enter the sibling's details below			
Sibling First Name		Sibling Last Name	
Sibling Date of Birth		Sibling Gender	
Supporting Information <i>Please note if you are applying for medical or exceptional welfare reasons, additional evidence may be required to be submitted to support your application. You may continue on a separate sheet if necessary.</i>			

4 FOURTH PREFERENCE SCHOOL

School Name:		Local Authority:	
Add reasons for this preference			
Sibling at school	<input type="checkbox"/>	Faith	<input type="checkbox"/>
		Medical Reasons	<input type="checkbox"/>
		Exceptional Welfare	<input type="checkbox"/>
Staff Child	<input type="checkbox"/>	Service Premium	<input type="checkbox"/>
		Resident in parish	<input type="checkbox"/>
		Social Reasons	<input type="checkbox"/>
If selecting Faith , please state denomination:			
Sibling – please enter the sibling's details below			
Sibling First Name		Sibling Last Name	
Sibling Date of Birth		Sibling Gender	
Supporting Information <i>Please note if you are applying for medical or exceptional welfare reasons, additional evidence may be required to be submitted to support your application. You may continue on a separate sheet if necessary.</i>			



Section 4 – Supporting information

Child's Current Setting

Name of nursery/pre-school provider

Local Authority

House Move

Are you moving house?

Yes

No

If Yes, please give the address the child/family is moving to:

Anticipated date of move

Section 5 – Parent or Carer declaration

I state that, to the best of my knowledge and belief, the information I have given is correct and complete and I will advise Rochdale Borough Council in writing of any changes to the information in this form. I understand that the provision of incorrect information could lead to the withdrawal of an offer of a school place.

I have read and understood the admissions criteria for each of my chosen preferences.

I agree that Rochdale Borough Council may contact me using the email address I provided on this application form and that it is my responsibility to ensure that the email address is correct and that I am able to access the emails sent to it.

Signed:

Date

General Data Protection Regulations

The Council maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may be shared with schools and other Local Authorities.

Verification of Information – the Council may verify the information you have provided on this form which could involve contacting other departments of the Council who maintain appropriate records. In instances where the information provided is different from that held by them, they may use the information on this form.

Submitting Your Application

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