

**STARTING SCHOOL FOR THE FIRST TIME  
SEPTEMBER 2019  
COMMON APPLICATION FORM (CAF)**

**SECOND ALLOCATION  
CLOSING DATE: 30 APRIL 2019**

Only residents of North East Lincolnshire should use this form. It is essential that you complete a CAF for any school/academy you are applying for (**Note: attending the nursery of an infants/primary school does not mean that you have applied for that school**).

Please return your completed CAF to School Admissions at the address above. Please note that it is the parent/carers responsibility to ensure this CAF is received by School Admissions by the closing date.

**Section A : Your Child's Details**

|  |     |   |               |
|--|-----|---|---------------|
| Name of Child                          |     |   |               |
| Child's Date of Birth                  | / / | Gender ( <i>Delete as appropriate</i> ) | Male / Female |
| Child's Address                        |     | Post Code                               |               |
| Nursery/Pre-School currently attending |     |   |               |

**Note:** if the above address is different to the one the Local Authority holds on its database, you may be asked for evidence of the address. Your application will only be considered on this address once the evidence has been verified and accepted.

| For Office use Only | Date Evidence Requested | SAS Officer Initials | Date Evidence Verified | Admissions Team Manager |
|---------------------|-------------------------|----------------------|------------------------|-------------------------|
|                     |                         |                      |                        |                         |

**Section B : Applicant's details**

|                       |   |                        |  |
|-----------------------|---|------------------------|--|
| Title                 | Mr / Mrs / Miss / Ms ( <i>Delete as appropriate</i> ) |                        |  |
| First Name(s)         | Surname   |                        |  |
| Relationship to Child | Father / Mother / Carer                               | Other – please specify |  |
| Mobile Tel. No.       | Landline Tel. No.                                     |                        |  |
| Work Tel. No.         | Email   |                        |  |

**Section C: Other People with Parental Responsibility**

Please provide details of anybody else with parental responsibility who does not live at the above address:

|                       |   |                        |  |
|-----------------------|---|------------------------|--|
| Title                 | Mr / Mrs / Miss / Ms ( <i>Delete as appropriate</i> ) |                        |  |
| First Name(s)         | Surname   |                        |  |
| Relationship to child | Father / Mother / Carer                               | Other – please specify |  |
| Address               | Post Code   |                        |  |
| Mobile Tel. No.       | Landline Tel. No.                                     |                        |  |
| Work Tel. No.         | Email   |                        |  |

**Section D :**

**Please tick this box only if the child is 'looked after' / 'previously looked after' by the local authority**

A 'looked after child' is a person under the age of 18 who is provided with accommodation by a local authority, acting in its social services capacity, for a continuous period of more than 24 hours, by agreement with the parents or in accordance with Section 22 of the Children's Act 1989.

'Previously looked after' refers to those children who immediately after being looked after became subject to an adoption order, child arrangements order (under the provisions of the Children and Families Act 2014), or specialist guardianship order (under Section 14A of the Children Act 1989).

Children looked after under an agreed serious of short term placements (respite care) are excluded.

**Please tick this box only if the child has an Education, Health and Care Plan (EHCP)**

These children will have undergone a statutory assessment of their special educational needs. Where a school/academy is named in Part 4 of the plan, the school/academy must admit the child.

**Please complete your preferences over the page...**

### Section E – Preferences (please list up to three schools in rank order)

Please note: Although you are able to give reasons for your preferences by ticking the boxes, the respective admissions authorities can only consider these reasons if they are part of the published admissions criteria.

#### First Preference (write school name here):

|   |  |  |
|---|--|--|
| 1. Catchment  |  | <b>SIBLING DETAILS:</b> please give name & date of birth of brother/sister who will also attend this school in September 2019 below: |
| 2. Associated Pre-School                              |  |  |
| 3. Older Sibling ( <i>give details opposite</i> )     |  |  |
| 4. Distance / Ease of Travel                          |  | <b>CHILDREN OF STAFF:</b> please give name of the member of staff; job title / position held; and when they started in post below:   |
| 5. Religion or Faith                                  |  |  |
| 6. Children of Staff ( <i>give details opposite</i> ) |  |  |

#### Second Preference (write school name here):

|   |  |  |
|---|--|--|
| 1. Catchment  |  | <b>SIBLING DETAILS:</b> please give name & date of birth of brother/sister who will also attend this school in September 2019 below: |
| 2. Associated Pre-School                              |  |  |
| 3. Older Sibling ( <i>give details opposite</i> )     |  |  |
| 4. Distance / Ease of Travel                          |  | <b>CHILDREN OF STAFF:</b> please give name of the member of staff; job title / position held; and when they started in post below:   |
| 5. Religion or Faith                                  |  |  |
| 6. Children of Staff ( <i>give details opposite</i> ) |  |  |

#### Third Preference (write school name here):

|   |  |  |
|---|--|--|
| 1. Catchment  |  | <b>SIBLING DETAILS:</b> please give name & date of birth of brother/sister who will also attend this school in September 2019 below: |
| 2. Associated Pre-School                              |  |  |
| 3. Older Sibling ( <i>give details opposite</i> )     |  |  |
| 4. Distance / Ease of Travel                          |  | <b>CHILDREN OF STAFF:</b> please give name of the member of staff; job title / position held; and when they started in post below:   |
| 5. Religion or Faith                                  |  |  |
| 6. Children of Staff ( <i>give details opposite</i> ) |  |  |

### Section F – Religion or Faith

Please complete this section only if you have listed a preference for a school that you wish to apply for on religious grounds.

|  |                                     |
|--|-------------------------------------|
| Please state religion/faith:   | Place of worship normally attended: |
|  |                                     |
| Date and Place of Baptism (catholic applicants only) Note that you may be asked to supply further information: |                                     |
|  |                                     |

### Section G – Declaration

It may delay the processing of your application if all of the relevant sections have not been completed or if information is incomplete or inaccurate. Where more than one person shares parental responsibility for a child, those persons should consult and agree. Only **ONE** form will be accepted for each child.

#### Information Sharing and Consent

I understand that the information I have provided to North East Lincolnshire Council regarding my child and family will be recorded and used for the purpose of providing services, support, advice and guidance to my child and family. I agree to my family's personal information being processed and shared by North East Lincolnshire Council with appropriate partners and organisations to enable them to provide us with services, support, information, advice and guidance in order to achieve a positive outcome for me and my family. North East Lincolnshire Council is the Data Controller for the processing of my personal information and that will process all personal information in accordance with the Data Protection Act and GDPR.

**Please sign here after reading the above. Any unsigned forms will be returned to parents/carers/social workers**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am the child's: Parent / Carer / Social Worker (*Delete as appropriate*)