

THE SECONDARY IN YEAR CASUAL ADMISSION FORM

(for Years 7 – 11)



- Please complete the form using **BLOCK CAPITALS** and return to: Secondary Admissions, Room 2.24, Sessions House, County Hall, Maidstone, Kent ME14 1XQ.
- Some Aided and Foundation schools may require a **Supplementary Form (SIF)** to be completed as well as this form. Please check this with your preferred schools.

Office Use Only –

SECTION 1 CHILD'S DETAILS

Forename Surname

Alternate Name Male Female

Date of Birth School Year Group

SECTION 2 CHILD'S HOME ADDRESS IN FULL

(This address will be used on all future correspondence unless otherwise notified. Please use house numbers and names).

Which authority do you pay council tax to?

SECTION 3 SIBLING INFORMATION

Will there be siblings seeking school places at the time of application? If so please name them below.

Name Date of Birth

Name Date of Birth

SECTION 4 CHILD IN PUBLIC CARE (LAC)

Is your child in Public Care? Yes No

A child in Public Care (Looked After Child) means a person under the age of 18 years for whom the Local Authority provides accommodation by agreement with their parents/carers (Section 22 of the Children's Act 1989) or who is the subject of a care order under Part IV of the act. Children who are looked after under an agreed series of short-term placements such as respite are excluded.

Which local authority is the corporate parent?

SECTION 5 STATEMENT OF SPECIAL EDUCATIONAL NEED (SEN)

Does your child have a Statement of Special Educational Need? Yes No

Is your child being assessed or have a SEN pending? Yes No

(If yes this form will be processed pending the SEN decision).

SECTION 6 EDUCATION HISTORY

Child's Current School (Or Last School Attended)

School Name

LA No

DCSF

Address of Last School

Is the child still attending? Yes No

If NO date of last attendance

Is the child Home Educated? Yes No

SECTION 7 PERMANENT EXCLUSION

Has your child ever been permanently excluded? Yes No

If YES please give details of the school(s) in the box below

School 1

Date of leaving

School 2

Date of leaving

SECTION 8 REASONS FOR CHANGE OF SCHOOL

If you have moved/are moving into the area please give date of move

New Address *(If different from Section 2)*

If you have not moved please give reasons for your change of school in the box below

Have you discussed your reasons for wanting a different school with your child's current school? Yes No

If YES who did you speak to at the child's current school?

Preferred date of admission

SECTION 9 ADDITIONAL INFORMATION

Has your child ever been involved with any of the following services in the last 3 years?

Education Welfare Officer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Pupil Support Officer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Educational Psychologist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Attendance Officer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Social Worker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Other (please give details)

Please provide any other information that may assist the Local Authority in identifying a suitable school place should your preferred schools be full

SECTION 10 OTHER APPLICATIONS

If you have been given this form because of a refusal of a place at one or more schools please list the school(s) below

School 1	<input type="text"/>	Are you appealing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
School 2	<input type="text"/>	Are you appealing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
School 3	<input type="text"/>	Are you appealing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please attach a copy of any refusal letter(s) you have been given

SECTION 11 GUARDIAN DETAILS

Title	<input type="text"/>	Relationship to child	<input type="text"/>
Forename	<input type="text"/>	Surname	<input type="text"/>
Contact telephone numbers	1 <input type="text"/>	2 <input type="text"/>	
Contact email address	<input type="text"/>		

SECTION 12 DECLARATION

All information given in this application is, to the best of my knowledge, true and correct. I understand that if, at a later date, any of the information is found to be incorrect I may lose any place allocated to my child.

I give permission to the LA to process all the information given in accordance with the Admission Criteria and processes

Signature	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>		

Kent County Council is a data controller under the Data Protection Act 1998 and will comply with the requirements of the Act at all times. We will ensure that your information is treated in confidence and used only for the purposes of identifying an appropriate education provision.

PREFERRED SCHOOLS - IN PRIORITY ORDER

1ST PREFERENCE: LA No DCSF

Do you have any other children (Siblings) attending this school? If YES enter details

Forename Surname

Date of Birth Male Female

If you wish to explain the reasons for your preference or if you have Health or Special Access reasons please attach written evidence or use the space below:

Does the school require a Supplementary Information Form (SIF)? Yes No

Have you completed the required Supplementary Information Form (SIF)? Yes No

2ND PREFERENCE: LA No DCSF

Do you have any other children (Siblings) attending this school? If YES enter details

Forename Surname

Date of Birth Male Female

If you wish to explain the reasons for your preference or if you have Health or Special Access reasons please attach written evidence or use the space below:

Does the school require a Supplementary Information Form (SIF)? Yes No

Have you completed the required Supplementary Information Form (SIF)? Yes No

3RD PREFERENCE: LA No DCSF

Do you have any other children (Siblings) attending this school? If YES enter details

Forename Surname

Date of Birth Male Female

If you wish to explain the reasons for your preference or if you have Health or Special Access reasons please attach written evidence or use the space below:

Does the school require a Supplementary Information Form (SIF)? Yes No

Have you completed the required Supplementary Information Form (SIF)? Yes No

4TH PREFERENCE: LA No DCSF

Do you have any other children (Siblings) attending this school? If YES enter details

Forename Surname

Date of Birth Male Female

If you wish to explain the reasons for your preference or if you have Health or Special Access reasons please attach written evidence or use the space below:

Does the school require a Supplementary Information Form (SIF)? Yes No

Have you completed the required Supplementary Information Form (SIF)? Yes No