



SECONDARY

WAKEFIELD COMMON APPLICATION FORM:

for Transfer to Secondary Education in September 2014

Complete this Form in BLOCK CAPITALS and return it by 31 October 2013 to

Wakefield Council
School Admissions
Wakefield One
PO Box 700
Burton Street
Wakefield
WF1 2EB

Telephone: 01924 306052

E-mail: admissions@wakefield.gov.uk

You can apply for your child's secondary school place online at:

www.wakefield.gov.uk/admissiontoschool

This form is only for use by parents/carers who are resident in the Wakefield district and will enable you to express a preference for up to three schools. Wakefield residents must use this form to apply for a Wakefield school and/or a school in any Education Authority.

For children not resident in the Wakefield district, please apply to the Authority where you live.

If you live in the Wakefield district you can apply for your child's secondary school place online at: www.wakefield.gov.uk/admissiontoschool

IMPORTANT: If you are applying for a Catholic or Church of England aided school, either St Thomas à Becket Catholic College or St Wilfrid's Catholic High School you may be required to complete the school's supplementary information form (SIF). You must also contact the respective school directly to obtain their form and return it directly to the school.

www.wakefield.gov.uk

wakefieldcouncil
working for you





(A) Child's Details:

Forename _____ Middle Name/s _____

Surname _____

Date of Birth Day _____ Month _____ Year _____ Gender Male Female

Address _____

Postcode _____

(Addresses are routinely checked and places may be withdrawn if a false address is given)

Current/Previous School (if any)

Name _____

Address _____

Postcode _____

(B) Parent or Carer Details:

Title (Mr/Mrs/Miss/Ms/Other) _____

Forename _____ Surname _____

Address _____

(if different to child)

Postcode _____

Tel (Home) _____ Tel (Work) _____

Tel (Mobile) _____ Tel (Other) _____

E-Mail Address _____

Relationship to Child:

Mother Father Step Parent Foster Parent Social Worker Family member or relative (living in the same household)

Other (please specify) _____

Do you have parental responsibility for the child? Yes No

If there is any other person with parental responsibility for your child please provide contact details (please note declaration on page 4) _____

(C) Special Educational Needs and Children in Care:

Is the child in Public Care or were they previously in Public Care? Child in Public Care Previously in Public Care

If in Public Care or previously in Public Care, which Authority? _____

Does the child have a statement of Special Educational Needs? Yes No





(D) Preferences:

First Preference School

School Name _____

Please give details of any siblings who are already attending or will be attending this school or a school on the same site.

Surname	Forename/Middle name	Date of Birth	Gender	Address (if different to child applying)

Reason for Preference

Second Preference School

School Name _____

Please give details of any siblings who are already attending or will be attending this school or a school on the same site.

Surname	Forename/Middle name	Date of Birth	Gender	Address (if different to child applying)

Reason for Preference

Third Preference School

School Name _____

Please give details of any siblings who are already attending or will be attending this school or a school on the same site.

Surname	Forename/Middle name	Date of Birth	Gender	Address (if different to child applying)

Reason for Preference





(E) Declaration

I certify that the information, which I have given, is correct. I also give permission for you to contact any relevant agencies to verify that any information on this form is correct. I consent to Wakefield Metropolitan District Council processing the information detailed in this form.

I understand that this will be used by the company for its administration purposes and my consent is based upon Wakefield Metropolitan District Council complying with the Data Protection Act 1998.

I confirm that all other persons with parental responsibility have been contacted and have agreed to the transfer request. I also confirm that to my knowledge, there are no applications before the County/Magistrates Courts by a parent, someone claiming to be a parent etc., disputing the child's residence or which school they attend.

Signature of Parent/Carer _____

Date _____

**PLEASE RETURN THIS APPLICATION FORM NO LATER THAN 31 OCTOBER 2013 TO:
Wakefield Council, School Admissions,
Wakefield One, PO Box 700, Burton Street, Wakefield, WF1 2EB.**

Upon signing and submitting the application form you have deemed to have accepted the policies of each school, as set out in the school prospectus.

Data Protection Act 1998

Under the terms of the Data Protection Act 1998 we must tell you of the following: By signing this form you are giving your consent for Wakefield Metropolitan District Council to use your data. The data that you provide is collected for the purposes of the admission process. In addition some of this information may also be used to improve other services within the Council and other related Government agencies. It may be (a) cross referenced against information held by the Council to validate your application, (b) used for any other purpose associated with the Council discharging its functions and may be shared with other public bodies or (c) used to detect fraudulent applications and detect incorrect offers of school places. This form may be shown to an appeal panel if it is necessary to hold an appeal. We may also use the information you provide for monitoring and statistical research purposes, although you will not be identifiable from this.

OFFICE USE ONLY

Date received at office _____

ID number _____ C/A School _____

Received on time _____ Late _____ SEN _____

