

# FIRST TIME ADMISSION APPLICATION FORM

Leicestershire residents only

**Closing Date 15th January 2015**

## It is very important that:

- You read all guidance notes and visit [www.leics.gov.uk/admissions](http://www.leics.gov.uk/admissions) for further information or contact School Admissions on Tel 0116 305 6684
- You complete all sections – failure to do so may delay the processing of this form
- The person completing this form has legal responsibility for the child

### Section 1 - PUPIL DETAILS (please make sure ALL details are correct and amend if not)

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:	<input type="text"/>
Address:		Tel No:	<input type="text"/>
<input type="text"/>		Mobile No:	<input type="text"/>
		Email address:	<input type="text"/>
Postcode:		<input type="text"/>	
Parent/Guardian details:			
Mr/Mrs/Ms/Miss/Other:	<input type="text"/>	Print Name:	<input type="text"/>
Is the pupil looked after or previously looked after by a Local Authority?			<input type="text"/>
Please name the Authority:			<input type="text"/>

### Section 2 - SCHOOL PREFERENCES (You must complete this section)

Our aim is to meet your first preference however there is no guarantee of a place even at your catchment area school. Therefore give consideration to making up to three school preferences, and to putting your catchment area school as one of your preferences. It is not necessary to name three schools unless you wish to do so.

1) First preference:	<input type="text"/>
Reasons i.e. catchment school, siblings, serious medical, exceptional social/domestic needs (professional documentation required), attach separate sheet if needed.	
2) Second preference:	<input type="text"/>
Reasons i.e. catchment school, siblings, serious medical, exceptional social/domestic needs (professional documentation required), attach separate sheet if needed.	
3) Third preference:	<input type="text"/>
Reasons i.e. catchment school, siblings, serious medical, exceptional social/domestic needs (professional documentation required), attach separate sheet if needed.	

**Section 3 - Additional Child/Family Information** (completing this section may help us to give a higher priority to your case.)

Does the child have a Statement or Education Health and Care Plan? Yes  No

If your child has mobility issues or is a wheelchair user and you wish to speak to an Admissions Officer about Partially Accessible or Pathway schools please contact Tel: 0116 305 2070.

Your relationship to the child:

Parent:  Carer:   
Mother  Guardian   
Father  Foster Carer   
Step-parent  Social Worker

If Social Worker or Lead Professional:  
(please give full contact details):

Does your child have a brother / sister already attending any of your preferred school(s) (Section 2)

YES  NO  If 'YES' please give full details below:

Name of Brother/Sister:  Date of Birth:  Year Group:  Name of school they are attending:   
1

Home Address if different to Section 1


Is the child new to Leicestershire? Yes  No  if yes, where from?

Please state your child's English language ability: Fluent  Intermediate  Beginner

What is your child's first language?

**Section 4 - DECLARATION**

I declare all the information I have provided is true. I also understand that any allegation of false or fraudulent information to gain a school place will result in the Council taking reasonable steps to ascertain the accuracy of the information. If the information is found to be false it may result in my child losing their place.

 Data Protection Act 1998. The information you supply will be held in a computer database which will be used by Leicestershire Local Authority and the other admissions authorities to which you are applying for a school place. The information will be used for the sole purpose of fulfilling the Local Authority's statutory and operational needs in the area of school allocations and associated matters.

Signature of Parent/Guardian:  Date:

- What to do next:**
- Check all completed sections and keep a copy of this form
  - If you need any help, contact School Admissions. Tel: 0116 305 6684 from 8.30am to 5.00pm (4.30pm on Fridays).
  - **RETURN** this form by **SCHOOL ADMISSIONS,**  
**15th January 2015** to: **LEICESTERSHIRE COUNTY COUNCIL,**  
**COUNTY HALL, GLENFIELD,**  
**LEICESTER LE3 8RF.**
- Or Apply On-Line @ [www.leics.gov.uk/admissions](http://www.leics.gov.uk/admissions)**

Please refer to the Leicestershire County Council website or School Admissions for confirmation of the closing date. Applications received after the closing date will be treated as late.