

# Wakefield Common Application Form for Transfer to Junior Education in September 2012

Complete this Form in **BLOCK CAPITALS** and return it by 15 January 2012

To:

School Admissions  
Room 62  
County Hall  
Wakefield  
WF1 2QL

Telephone: 01924 305616, 305617, 305789 or 306766

E-mail: [admissions@wakefield.gov.uk](mailto:admissions@wakefield.gov.uk)

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

[www.wakefield.gov.uk/admissiontoschool](http://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 neighbouring Education Authority.

**IMPORTANT:** If you are applying for a Catholic or Church of England aided school you may be required to complete the school's supplementary information form (SIF). You must contact the respective school directly to obtain their form and return it directly to the school.

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

If you live in Wakefield you can apply for your child's junior school place online at the web address above.

**(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(Addresses are routinely checked and places may be withdrawn if a false address is given)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: Telephone Number (Home)  Telephone Number (Work) Telephone Number (Mobile)  Telephone Number (Other) E-Mail Address **Relationship to Child:**Mother  Step Parent  Family member (living in same household) Father  Foster Parent  Relative Social Worker  Other (please specify) Do you have parental responsibility for the child? Yes  No Does anyone else, who does not live at the above address, have parental responsibility for the child? Yes  No **(C) Special Educational Needs and Children in Care**Is the child in the care of a Local Authority? Yes  No If yes, 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.

Signature of Parent/Carer

Date

**PLEASE RETURN THIS APPLICATION FORM NO LATER THAN 15 January 2012 to:  
School Admissions, Room 62, County Hall, Wakefield, WF1 2QL.**

**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**

Notes

Date received at office

ID number

C/A School

Received on time  Late

SEN