

# Application form to apply for a school place

Please read the accompanying guidance notes before completing this form. Further advice about Hampshire County Council's admission procedures is available at: [www.hants.gov.uk/admissions](http://www.hants.gov.uk/admissions).

The pupil's parent/guardian should complete the form in BLOCK CAPITALS, using black ink, and then sign the declaration overleaf.

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|--|--|--|--|
| Child's last name: _____ Forenames: _____  |  |  |  |
| Any previous surname: _____  |  | Male <input type="checkbox"/>  | Female <input type="checkbox"/>  |
| Date of birth: ___/___/___   |  | Current year group: _____  |  |
| Child's permanent address: _____   |  |  |  |
| _____  |  |  | Postcode: _____  |
| Current / previous school: _____   |  | Leaving date: _____  |  |
| Catchment school: _____  |  |  |  |
| Is the child in the care of the local authority? YES/NO  |  |  |  |
| Does the child have a statement of Special Educational Needs? YES/NO   |  |  |  |
| Please indicate when school place is required: As soon as possible <input type="checkbox"/> Other: _____   |  |  |  |
| <b>Please state your preferred schools and tick any box(es) which apply.</b>   |  |  |  |
|  | <b>First preference school</b>   | <b>Second preference school</b>  | <b>Third preference school</b>   |
| <b>School name</b>   |  |  |  |
| <b>Medical, physical or psychological condition which makes it essential to attend the indicated school.</b><br>(See Note 1 below).  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <b>Church criterion</b><br>(See Note 2 below).   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <b>Brother or sister currently on roll at the school or for whom an application to the school has been made*</b><br>*For application to an infant or junior school, include any brother or sister on roll at the linked junior or infant school. | Full name of brother/sister:<br>_____<br><br>Date of birth: ___/___/___<br><br>Current year group: _____ | Full name of brother/sister:<br>_____<br><br>Date of birth: ___/___/___<br><br>Current year group: _____ | Full name of brother/sister:<br>_____<br><br>Date of birth: ___/___/___<br><br>Current year group: _____ |
| <i>Admissions Team use only</i>  |  |  |  |

**Note1. Medical, physical or psychological criterion:** To be considered under this criterion, you **must** attach appropriate written evidence of your child's (or a family member's) significant medical, physical or psychological condition from, for example, a doctor or psychologist, which explains why it is **essential** that your child attends the indicated school. **If you do not attach this evidence your application will not be considered under this criterion.** Some Foundation and Aided schools do not use the County's medical criterion. You should refer to the individual school's admission criteria as listed in their admission policy.

**Note 2. Church criterion:** To be considered under this criterion, you **must** complete the school's supplementary information form, obtainable from the school. **If you do not complete the supplementary information form and return it to the school your application will not be considered under this criterion.**

Please give your reasons for changing your child's school:

Full name of adult(s) completing form: \_\_\_\_\_ Mr/Mrs/Ms/Miss  
\_\_\_\_\_ Mr/Mrs/Ms/Miss

Telephone numbers: home: \_\_\_\_\_  
other (daytime): \_\_\_\_\_ mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

What is your relationship to the child named in this application?  
(Please tick relevant box).

Parent  Legal guardian  Step parent  Foster parent   
Other relative / family friend / carer  (please state) \_\_\_\_\_

**Declaration**  
**I certify that the information I have given on this form is correct to the best of my knowledge.** (If you give false information the offer of a school place may be withdrawn)

Signature of parent(s)/guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

The information you give will be processed electronically and stored on computer for administrative purposes in accordance with the Data Protection Act 1998.

**Admissions Team Use Only**

Please return this form to:  
County Admissions Team, Children's Services Department,  
The Castle, Winchester, SO23 8UG.  
Tel: 0845 603 5623 email: admissions.team@hants.gov.uk

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| <b>School Use Only</b>   |
| Received by school<br>(please date stamp)  |
| <input type="checkbox"/> Sibling criterion checked<br><input type="checkbox"/> Faith criterion evidence supplied<br><input type="checkbox"/> Proof of address checked  |
| Year group applied for<br><input type="text"/>   |
| Number of places available<br><input type="text"/>   |
| Proposed start date<br><input type="text"/>  |
| <b>Admissions Team use only</b>  |
| Received by Admissions Team  |
| <input type="checkbox"/> Catchment school checked<br><input type="checkbox"/> Sibling criterion checked<br><input type="checkbox"/> Faith criterion checked<br><input type="checkbox"/> Medical evidence assessed<br><input type="checkbox"/> Current school contacted |
| Date of allocation/refusal letter<br><input type="text"/>  |
| School place allocated<br><input type="text"/>   |
| Child's start date<br><input type="text"/>   |