



Derby City Council

### In-year Admission to Infant/Junior/Primary School

Common Application Form

For children living in Derby City Local Authority Area

You can include schools outside Derby City

Please return this form to Admissions, The Council House, Corporation Street, Derby, DE1 2FS

<b>Child's first name</b>	<b>Date of Birth</b>
<b>Child's last name</b>	<b>Gender</b> <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
<b>Address</b>	Telephone Number
<b>Post Code</b>	Email Address

**PRESENT/PREVIOUS SCHOOL\***  
\*please delete as appropriate

### PARENT DETAILS

Mr  Mrs  Miss  Ms  Please **tick** appropriate box

Please print name in CAPITAL LETTERS \_\_\_\_\_

Your relationship to the child \_\_\_\_\_

Do you have parental responsibility for this child? Yes  No

Is the child looked after or in the care of a local authority? Yes  No

If 'yes', by which authority? \_\_\_\_\_

**Does the child have a Statement of Special Educational Need**    Yes  No

**PLEASE LIST THE SCHOOLS YOU PREFER**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

If you wish to confirm your catchment area school please phone 01332 642728 or 01332 642729

Sibling name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Sibling name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

## REASONS FOR CHANGING SCHOOL

---

---

---

---

IS THERE ANY OTHER INFORMATION THE ADMITTING SCHOOL SHOULD KNOW ABOUT YOUR CHILD?

---

---

Do you/your child speak and understand English? Yes  No

If No which language does your child speak? \_\_\_\_\_

### Equality in Action

#### White

- British   
Irish   
Traveller of Irish heritage   
Gypsy / Roma   
Any other white background

#### Asian or Asian British

- Indian   
Pakistani   
Bangladeshi   
Any other Asian background

- Chinese   
Any other ethnic background

#### Mixed

- White and black Caribbean   
White and black Asian   
White Asian   
Any other mixed background

#### Black or black British

- Caribbean   
African   
Other black background

- Refugee/Asylum Seeker

I do not wish an ethnic background category to be recorded

#### Declaration:

I confirm that the above named child is permanently resident at the address stated. I certify that the information given by me on this form is complete and true and I understand that the council/other admission authorities will take such steps as they consider necessary to verify the same. This may mean contacting your present or previous school. I note that misleading or fraudulent information could result in the withdrawal of any offer of a school place.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



All information provided will be treated in confidence, in accordance with the Data Protection Act 1998 and used for the purposes of fulfilling the Authority's statutory and operational needs in relation to school admissions. It will only be shared lawfully and with the Education Welfare Service and your preferred schools for the school admission purposes. It may also be shared with other departments in the Council for the purpose of preventing fraud, misuse of public funds and any legal or statutory requirements. Information will also be shared with Derby City NHS for the purpose of updating and maintaining school nurse records. If you have any objection to this information being shared with Derby City NHS please write to: Admissions, The Council House, Corporation Street, Derby, DE1 2FS