



Derby City Council

In-year Admission to Secondary 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

Child's first name	Date of Birth
Child's last name	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Address	Telephone Number
Post Code	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 642725 or 642726

Sibling name _____ Date of Birth _____ School _____

Sibling name _____ Date of Birth _____ School _____

REASONS FOR CHANGING SCHOOL – USE ADDITIONAL SHEETS IF NECESSARY

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

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

If 'No' which language does your child speak?

Has your child been excluded/secluded from school for more than 4 days in the last 6 months?

Yes No

If 'Yes' when was the last exclusion issued? _____

When did your child last attend school? _____

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