

## PRIMARY IN-YEAR COMMON APPLICATION FORM (CAF)

### ADMISSION TO INFANT AND PRIMARY SCHOOL *Form to be completed by Slough Borough Council residents only*

Please read Slough's admissions booklet carefully before completing this form. Please complete all sections fully and return to Education Admissions at the address overleaf. As part of the new Co-ordinated Admission Arrangements only one application form (CAF) is required for all schools, including schools in other local authorities.

#### SECTION 1: PERSONAL DETAILS

Surname		Forename		Date of birth	
Male		Female		Home language/mother tongue	
Address					
					Postcode
Child's current school					
Country of origin				Date of arrival to UK if not born in UK	
Religion, please state					

#### DETAILS OF FIRST PARENT/CARER LIVING AT THE HOME ADDRESS ABOVE

Title		Initials		Surname	
Relationship to Child					
Home Telephone		Work Telephone		Mobile Number	

#### DETAILS OF SECOND PARENT/CARER

Title		Initials		Surname	
Relationship to Child				Email	
Home Telephone		Work Telephone		Mobile Number	
Address if different from above					
					Postcode

#### SECTION 2: PREFERENCE

Does your child have a statement of special educational needs?	YES / NO	(Please delete as appropriate)
Is your child in the public care of a local authority?	YES / NO	(Please delete as appropriate)
If yes, please state which authority		
Please also provide a letter from social services confirming the legal status of the child and the local authority responsible for the child.		
Is the child above privately fostered?	YES / NO	A child is considered to be privately fostered if they are cared for by someone other than the parent without the involvement of the local authority.
Has your child ever been permanently excluded from school?	YES / NO	(Please delete as appropriate)
Has your child ever had any fixed periods of exclusion from school?	YES / NO	(Please delete as appropriate)
If YES please give details, including the date of exclusion		

Please list up to three schools overleaf in your preferred order.

- Please use the column on the right, only if you wish to give reasons for your preference.  
(These might include religious, exceptional medical or social reasons why your child should attend a particular school. You must provide professionally supported evidence with this application form.)
- It is very important that you check the admission criteria of each school for which you are applying.



Name of infant, junior or primary school	Borough or county in which school is located	Full names/date of birth and year group of any siblings already attending the school	Reasons for preference. All medical reasons must have supporting documents attached to your form.
Preference 1			
Preference 2			
Preference 3			

### SECTION 3: DECLARATION AND SIGNATURE OF PARENT/CARER

- I WISH TO APPLY FOR A PLACE AT EACH OF THE SCHOOLS NAMED ON THIS FORM, AND I HAVE LISTED THESE SCHOOLS IN ORDER OF PREFERENCE.
- I CERTIFY TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN IS CORRECT.
- I UNDERSTAND THAT ANY FALSE OR DELIBERATELY MISLEADING INFORMATION GIVEN ON THIS FORM AND/OR SUPPORTING INFORMATION MAY RENDER THIS APPLICATION INVALID, OR LEAD TO THE OFFER OF A PLACE BEING WITHDRAWN AT A LATER DATE.

Signature of Parent/Guardian		Date	
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INFORMATION SUPPLIED WILL BE USED FOR REGISTERED PURPOSES UNDER THE DATA PROTECTION ACT 1998

### EQUAL OPPORTUNITIES

In order to ensure that the Council's Equal Opportunities Policy can continue to develop, all school applicants are asked to complete the details below. It is purely for monitoring the effectiveness of the policy and will not affect your child's application.

You do not have to fill in this section if you do not want to. I would describe my child's ethnic origin as (please tick)

Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White UK European	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Refugee Status	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other European	<input type="checkbox"/>		
Other	<input type="checkbox"/>	please specify _____					

For applicants of mixed racial or ethnic origin please tick box ☐ and indicate your self assessment of your child:

Gender: Male ☐ Female ☐

### ABOUT YOUR CHILD'S CURRENT SCHOOL

If your child has recently arrived in the UK please give details of their education and enclose copies of their passport and visa, if applicable.

Name and address of current/last school

Has the transfer been discussed with the current school?

YES / NO

(Please delete as appropriate)

If the answer is NO, please do so before proceeding with your request for transfer.

Name of head teacher of current school

Signature of head teacher of current school

Date