

# Application form 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.

Name of school you are applying for \_\_\_\_\_

Please indicate when school place is required: \_\_\_\_\_

Child's last name: \_\_\_\_\_ Forenames: \_\_\_\_\_

Any previous surname: \_\_\_\_\_ Male  Female

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

Is either parent a member of the Armed Forces? YES/NO

Please tick this box if you are making an application for more than one child.  
Note: you must complete a separate application form for each child.

Other child's name and date of birth

Please name any brother or sister currently on roll at the school\* or for whom an offer of a place has been accepted.  
*\*for infant or junior school applications, include any brother or sister at the linked junior or infant school.*

Full name of brother/sister: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current year group: \_\_\_\_\_

## Other information

**1. Medical, physical or psychological evidence:** Tick this box if you are attaching 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. Priority for admission may be given if the criterion in the school's admission policy is met; please refer to the policy for the school you are applying to. ***If you do not attach evidence your application will not be considered for priority under this criterion.*** Note that some Foundation, Aided and academy schools do not use the County's medical criterion.

**2. Church schools only.** Tick this box if you are applying on faith grounds. You will need to complete a Supplementary Information Form obtainable from the school as well as this form. ***Your application will not be considered on faith grounds if you do not complete both forms and return them to the school.***

3. Other foundation, voluntary aided or academy schools may also require a Supplementary Information Form. Please ask at the school or look on the Hampshire County Council website.

**CONTINUE OVERLEAF**

Form OOR

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.

Please return this form to the school.

Alternatively you may send it to:

County Admissions Team, Children's Services Department, The Castle, Winchester, SO23 8UG.

For general enquiries: Tel: 0845 603 5623 email: [admissions.team@hants.gov.uk](mailto:admissions.team@hants.gov.uk)

### Office use only

### School Use Only

Received by school  
(date stamp)

Proof of address seen Y/N

Catchment checked Y/N

Sibling checked Y/N

Faith evidence checked Y/N

Medical evidence assessed Y/N

Current school contacted Y/N

Year group \_\_\_\_\_ Immed/Sept

No. of places available \_\_\_\_\_

### Offer

Date offer sent \_\_\_\_\_

Proposed start date \_\_\_\_\_

### Refusal

Date refusal letter sent

For community schools only:  
Parent requested to join waiting list  
Yes/No

If yes, criterion and distance on  
waiting list:

Looked after

Medical

Catchment sibling

Catchment faith

Catchment

Out-catchment sibling

Out-catchment faith

Out-catchment other

Distance: \_\_\_\_\_