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Date received
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Checklist – before returning this form please ensure that you have:

Recommended:

☐ I have read the High School Prospectus ‘High School Admissions 2016’

☐ I have attended the open evenings for my preferred schools to ensure I have made an informed choice

☐ I have listed my nearest non-faith school as one of my preferences

☐ I have read the admissions criteria for my preference schools to ensure I am making ‘realistic’ choices

Mandatory:

☐ I have completed every section of the application form not marked ‘optional’

☐ I have attached proof of my child’s date of birth e.g. Medical card

☐ I have read the declaration and signed and dated the application form

The completed form must be returned by 31 October 2015 to either:

Your child’s current Primary School (Maintained Ealing Schools only).

We strongly recommend that you submit your application form to the Primary school by Friday 23 October 2015 so that the school can forward it to School Admissions before the half-term holiday

Or

High School Admissions, Perceval House, 14-16 Uxbridge Road, Ealing, W5 2HL

If you are handing your form in ask for a receipt or keep proof of postage as any applications received after the closing date can not be considered until after the offer date 01 March 2016.

Data Collection Notice

Data Protection Act 1998
The information you have provided to the London Borough of Ealing in accordance with the Data Protection Act 1998 will be used to assist with your child’s admission to school.

The Council has a legal obligation to protect public funds. We may therefore share the information you have provided with other departments of the authority and with other similar bodies for the detection and prevention of fraud.

You have the right to ask for a copy of the information about you held in our records. You must request this in writing to the Data Controller in ICT services. You also have the right to require us to correct any inaccuracies in your information.

Declaration and Signature

☐ I certify that I am the person with parental responsibility for the child named on this form and that the information given is true to the best of my knowledge and belief

☐ I understand that any false or deliberately misleading information given on this form and / or supporting information may render the application invalid or lead to the offer of a place being withdrawn

☐ I understand that by making this application I agree to other Council records being checked

Parent/Carer’s Details

Parent/Carer (These must be the details of the parent or person with legal responsibility for the child)

Surname/Last Name

First Name

Relationship to child

Mother

Father

Step parent

Foster parent

Social Worker

Other

Home telephone

Mobile

Email address

Do you live at the same address as your child? YES ☐ NO ☐

Alternative Contact (Optional)

Surname/Last Name

First Name

Relationship to child

Mother

Father

Step parent

Foster parent

Social Worker

Other

Telephone

Date received
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Exceptional Medical Social Claim

If you think that there are exceptional medical or social reasons why your child must attend a particular school you must claim this at the time of application and provide the appropriate supporting documentation. Please see the admissions criteria for the school you are applying to for details as not all schools give priority for exceptional circumstances.

I want to claim exceptional medical/social circumstances for my first preference school: YES ☐ NO ☐

Please note: If you do not provide professional evidence to support your claim it can not be considered.

Twin or Multiple Birth

Is your child a twin or multiple birth? YES ☐ NO ☐

Statement of Special Educational Needs / Educational Health and Care Plan

Does your child have a statement of SEN/Educational Health and Care Plan? YES ☐ NO ☐

If yes you do not need to complete this application please contact the SEN department as a place will be reserved for your child at the school named in their Statement/Educational Health Care Plan.

Looked After / Previously Looked After

Is your child currently in the care of a Local Authority? YES ☐ NO ☐

Was your child in the care of a Local Authority immediately prior to becoming subject to an adoption order, residence order, special guardianship order or child arrangements order? YES ☐ NO ☐

High School Preferences

1. School Name: ___________  Postcode: ___________  DFE no. ___________  Brother/sister already attending this school: YES ☐ NO ☐
   If yes please provide details of the youngest brother/sister attending the school:
   First Name: ___________  Last Name: ___________  Date of Birth: ___________  Boy ☐ Girl ☐
   Reason for Preference: ___________ (Optional)

2. School Name: ___________  Postcode: ___________  DFE no. ___________  Brother/sister already attending this school: YES ☐ NO ☐
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   Reason for Preference: ___________ (Optional)

5. School Name: ___________  Postcode: ___________  DFE no. ___________  Brother/sister already attending this school: YES ☐ NO ☐
   If yes please provide details of the youngest brother/sister attending the school:
   First Name: ___________  Last Name: ___________  Date of Birth: ___________  Boy ☐ Girl ☐
   Reason for Preference: ___________ (Optional)

6. School Name: ___________  Postcode: ___________  DFE no. ___________  Brother/sister already attending this school: YES ☐ NO ☐
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I want to claim exceptional medical/social circumstances for my first preference school: **YES**

Please note: If you do not provide professional evidence to support your claim it can not be considered.

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Is your child a twin or multiple birth?  **YES**  **NO**

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**High School Preferences**

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<td><strong>YES</strong>  <strong>NO</strong></td>
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If yes please provide details of the **youngest** brother/sister attending the school

<table>
<thead>
<tr>
<th>First Name</th>
<th>Date of Birth</th>
<th>Boy</th>
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Reason for Preference (Optional)

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**Office use only**

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