

RESTRICTED

## IN YEAR APPLICATION FOR ADMISSION TO SCHOOL (AF5)

Moving schools will affect your child's education. It is a very important step to take and can affect your child in many ways. Unless you are wanting to move your child's school because of a change of address we strongly advise that you talk to staff at your child's current school to try and sort out any difficulties before you complete this form. Transferring school is not always the best option for a child.

**Please be aware that nationally 40% of children changing schools make less academic progress than their peers.**

It is very important that you read the guidance notes before completing this form.

Please note we only accept applications up to one term in advance.

You can use this form to apply for places at all schools in Derbyshire (excluding schools in Derby City). If your child has a Statement of Special Educational Needs (SEN) or an Education Health and Care Plan (EHC) you should contact the SEN Section at County Hall - **you do not need to complete this form.**

The form should be completed by the child's parent/legal guardian in **BLOCK CAPITALS** and in black ink.

### Section 1 – details about your child

Child's legal forename

Child's middle name(s)

Child's legal surname

Date of birth (dd/mm/yy)













Gender

☐

Boy

☐

Girl

Child's address at time of application

Current/last school name

Date last attended (if applicable)













In order to obtain information in support of your child's proposed admission to another school, your child's current school may be notified of this application. If for any reason you do not wish your child's current school to be notified of your request please state in the additional information in section 2.

Date new school place required from:













Is the child in the care of a Local Authority or has the child previously been in care but has now been adopted or is subject to either a child arrangements order or special guardianship order as appropriate. Yes ☐ No ☐

Please provide evidence of adoption, child arrangements order or special guardianship order as appropriate.

If in care or previously in care, by which Local Authority

Child of Multiple Birth (eg twin/triplet) Yes ☐ No ☐

You are invited to name 3 schools – these must be in priority order. Before making an application for a place at any school you are advised to contact the school to arrange a visit with the Headteacher.

When deciding on your preferences consider carefully how your child will travel to school. Information on the home to school transport policy is available at [www.derbyshire.gov.uk/get2school](http://www.derbyshire.gov.uk/get2school) or in the parents' guide available at [www.derbyshire.gov.uk/admissions](http://www.derbyshire.gov.uk/admissions).

Enter the names of your preferred schools in priority order; remember where a child can be offered a place at more than one school, then a place will be offered at the highest priority school possible. Before giving your reasons you may wish to refer to the "rules" section in the parents' guide or the school brochure (prospectus).

You may use the spaces provided to give any additional information you think the admission authority for the school know about in considering your application. Where applicable, you may wish to include any religious or philosophical convictions.

The Council operates a Fair Access Protocol (available at [www.derbyshire.gov.uk/admissions](http://www.derbyshire.gov.uk/admissions)) to ensure that children without a school place who find themselves in challenging circumstances are admitted to school as quickly as possible. To enable the Council to identify children who may be eligible for placement under the protocol parents are encouraged to give full information on their child's previous educational background and personal circumstances, such as periods out of education, permanent exclusions, issues around low attendance and any other circumstances which might deem a child vulnerable.

If you want to include more information than there is space for in the boxes you should enclose a separate sheet with your child's full name, address and date of birth – clearly marked.

## Section 2 – your preferences

### Preference 1

School name

Please mark with a X any of the following reasons for your preferences for this school

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Normal area school    | <input type="checkbox"/> Sibling           | <input type="checkbox"/> Feeder school | <input type="checkbox"/> Distance         | <input type="checkbox"/> Ease of travel |
| <input type="checkbox"/> Co-educational school | <input type="checkbox"/> Medical reason    | <input type="checkbox"/> Social reason | <input type="checkbox"/> Selective school |   |
| <input type="checkbox"/> Single sex school     | <input type="checkbox"/> Religion or faith | <input type="checkbox"/> Staff member  | <input type="checkbox"/> Other            |   |

Details of brother/sister who attends/attended the school (if more than one, give youngest)

Sibling legal forename

Sibling legal surname

Date of birth (dd/mm/yyyy)

|  |  |  |   |  |  |  |   |  |  |  |  |
|--|--|--|---|--|--|--|---|--|--|--|--|
|  |  |  | / |  |  |  | / |  |  |  |  |
|--|--|--|---|--|--|--|---|--|--|--|--|

Gender (please mark with a X) Boy ☐ Girl ☐

Sibling address (only

complete this section if the address is **different**

to that of the child you are  
applying for)

Additional information/  
reasons

**Preference 2****School name****Please mark with a X any of the following reasons for your preferences for this school**

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Normal area school    | <input type="checkbox"/> Sibling           | <input type="checkbox"/> Feeder school | <input type="checkbox"/> Distance         | <input type="checkbox"/> Ease of travel |
| <input type="checkbox"/> Co-educational school | <input type="checkbox"/> Medical reason    | <input type="checkbox"/> Social reason | <input type="checkbox"/> Selective school |   |
| <input type="checkbox"/> Single sex school     | <input type="checkbox"/> Religion or faith | <input type="checkbox"/> Staff member  | <input type="checkbox"/> Other            |   |

**Details of brother/sister who attends/attended the school** (if more than one, give youngest)**Sibling legal****forename****Sibling legal surname****Date of birth** (dd/mm/yyyy)   /       **Gender** (please mark with a X)**Bo** ☐ **Gir** ☐**Sibling address** (only complete this section if the address is **different** to that of the child you are applying for)**Additional  
information/  
reasons****Preference 3****School name****Please mark with a X any of the following reasons for your preferences for this school**

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Normal area school    | <input type="checkbox"/> Sibling           | <input type="checkbox"/> Feeder school | <input type="checkbox"/> Distance         | <input type="checkbox"/> Ease of travel |
| <input type="checkbox"/> Co-educational school | <input type="checkbox"/> Medical reason    | <input type="checkbox"/> Social reason | <input type="checkbox"/> Selective school |   |
| <input type="checkbox"/> Single sex school     | <input type="checkbox"/> Religion or faith | <input type="checkbox"/> Staff member  | <input type="checkbox"/> Other            |   |

**Details of brother/sister who attends/attended the school** (if more than one, give youngest)**Sibling legal forename****Sibling legal surname****Date of birth** (dd/mm/yyyy)   /       **Gender** (please mark with a X)**Bo** ☐ **Gir** ☐**Sibling address** (only complete this section if the address is **different** to that of the child you are applying for)**Additional information/  
reasons**

**Section 3 – details about parent/legal guardian making this application**

Title  Forename

Surname

**Parent/legal guardian address at time of allocation – only complete if different from child's address:**

Tel. no (home)

Tel. no (mobile)

Tel. no (work)

**What is your relationship to the child (please mark with a X)**

☐ Mother ☐ Father ☐ Other ☐ Step-parent ☐ Relative ☐ Social Worker ☐ Foster parent  
☐ Family member (lives in same household)

**If you do not have parental responsibility for this child please mark with a X** ☐

**If you have not ticked one of the above boxes, please give details of the relationship below:**

**Parent is Crown Servant** Yes ☐ No ☐

*A crown servant is an officer of the United Kingdom Government posted overseas and is usually a member of HM Forces and or a person employed by the Foreign and Commonwealth Office*

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**Applications should be returned to Derbyshire County Council, Admissions and Transport Team, School Road, Chesterfield, Derbyshire, S41 8LJ.**

If any of your preferences are for foundation, academy or voluntary aided schools you may need to complete a supplementary information form or provide additional documentation, details are provided in the school' brochures (prospectuses). Supplementary forms and additional information must be returned direct to the school concerned as soon as possible and not to the Admissions and Transport Team. If you are applying for a voluntary controlled school on religious grounds you should submit a letter of support from a minister – see parents' guide for full details.

**IF YOU OR YOUR CHILD'S CIRCUMSTANCES CHANGE AFTER COMPLETING THIS FORM, SUCH AS A CHANGE OF ADDRESS OR CHANGE OF CURRENT SCHOOL, YOU MUST CONTACT THE ADMISSIONS AND TRANSPORT TEAM ON 01629 537479.**

**Declaration:** I have read and understood all the information provided by the council. 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 county council/other admission authorities will take such steps as they consider necessary to verify the same. I note that misleading or fraudulent information could result in the withdrawal of any offer of a school place.

Signed:

Date: