

For office use only Child reference:

# CHILDREN'S SERVICES PRIMARY SCHOOL ADMISSIONS APPLICATION FORM 2019/2020

 [thurrock.gov.uk](http://thurrock.gov.uk)  
[thurrock.gov.uk/admissions](http://thurrock.gov.uk/admissions)

BEFORE YOU COMPLETE THIS FORM PLEASE READ THE INFORMATION ON OUR WEBSITE  
For photocopying purposes, please complete clearly in block letters using black ink.

## How we will use your information

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to [thurrock.gov.uk/privacy](http://thurrock.gov.uk/privacy). Get free internet access at libraries and community hubs.

## Section 1

Surname of Pupil:  First Names:

Date of Birth:  Gender: Male  Female   
DAY MONTH YEAR (please tick as appropriate)

Name(s) of parent(s) or adult(s) with parental responsibility

Title (Mr/Mrs/Ms/Miss)	Initials	Surname	Daytime Tel No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Address at time of application:

Post Code:

Home Tel Number:  Email:

Council Tax Reference Number:

Name of current nursery/pre-school:

Address of current nursery/pre-school:

Relationship to pupil:

Do you have parental responsibility for this child? Yes  No

Does this child have a statement of Special Educational Needs/  
Education Health Care Plan? Yes  No

Is this child part of a multiple birth? (e.g. twin) Yes  No

Is this child's parent/guardian a Crown Servant? (e.g. Armed Forces) Yes  No

Is this child 'looked after' by a Local Authority? Yes  No

Has this child previously been 'looked after' by a Local Authority? Yes  No

If Yes, which Local Authority?

If you have an older child who will still be attending one of the schools you have nominated in September 2019, please give details below:

Name	Gender	Date of Birth	School Attending
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

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PLEASE INCLUDE ANY SCHOOLS OUTSIDE THURROCK YOU WISH TO APPLY FOR

**Section 2**

Child of staff member?

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Order of Preference	Name of School	Yes	No	Criteria	Distance
1st preference	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2nd preference	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3rd preference	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4th preference	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
				Logged	

If a place cannot be offered at any of the above-named schools, a place will be offered at the nearest school that has a space available.

**Section 3**

a) Does your child have a medical reason why he/she should be given priority for admission to one of the school(s) in Section 2. Please give details below and attach doctor's letter/certificate, or other professional advice, e.g. social worker.

b) Does your child have a social reason why he/she should be given priority for admission to one of the school(s) in Section 2. Please give details below:

c) If there are any other reasons why your child should be given priority, please give details below:

Declaration:

I confirm that the information given on this form is correct; and that I understand the way in which places will be allocated.

Name of parent or adult with parental responsibility **(IN BLOCK CAPITALS PLEASE)**:

Signature of parent/carer:

Date:

**PLEASE RETURN THE FORM BY THE CLOSING DATE OF 15 JANUARY 2019 TO THURROCK COUNCIL, SCHOOL ADMISSIONS, THURROCK COUNCIL, CIVIC OFFICES, NEW ROAD, GRAYS, RM17 6SL**