

# Thurrock Council – primary school admissions

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.

If completing this form in pen, use black ink and write in **BLOCK CAPITAL LETTERS**.

## Section 1 – pupil and parent or carer details

Pupil's surname			Pupil's first names		
Date of birth	/	/	(dd/mm/yyyy)	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
Names of parents or carers with parental responsibility					
Title	First names		Surname	Daytime phone number	
Current address at time of application, including postcode					
Home phone				Email address	
Council Tax reference number					
Name of current nursery or pre-school					
Address of current nursery or pre-school					
Do you have parental responsibility for this child?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to pupil					
Is this child's parent or carer a Crown Servant? For example, in the armed forces				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this child part of a multiple birth? For example, a twin				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this child have an Education, Health and Care plan?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this child 'looked after' by a local authority?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this child previously been 'looked after' by a local authority?				<input type="checkbox"/> Yes	<input type="checkbox"/> 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 2025**, please give details below.

Name	Sex	Date of birth	School attending
	<input type="checkbox"/> F <input type="checkbox"/> M	/ /	
	<input type="checkbox"/> F <input type="checkbox"/> M	/ /	

## Section 2 – school preferences

Please include any schools outside Thurrock for which you wish to apply.

Order of preference	Name of school	Child of staff member?	Criteria	Distance
Preference 1		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Preference 2		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Preference 3		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Preference 4		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			Logged	

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

## Section 3 – other relevant details

a) Is there a medical reason why your child should be given priority for admission to one of the schools named in Section 2? Please give details below and attach a doctor's letter / certificate, or advice from another professional – for example, a social worker.

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b) Is there a social reason why your child should be given priority for admission to one of the schools named in Section 2? Please give details below.

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

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## Declaration

I confirm that:

- I have read the school admissions information at [www.thurrock.gov.uk/admissions](http://www.thurrock.gov.uk/admissions)
- the information given on this form is correct
- I understand the way in which places will be allocated

Name of parent or carer with parental responsibility			
Signature of parent or carer		Date	

Please return this form by the closing date of **15 January 2025**. You can return it by post or email.

Post to: **School Admissions, Thurrock Council, Civic Offices, New Road, Grays, RM17 6SL**

Email to: [school.admissions@thurrock.gov.uk](mailto:school.admissions@thurrock.gov.uk)