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| --- | --- |
| For office use only – child reference |  |

# Thurrock Council – secondary 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](https://www.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 | Female  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 school |  |
| Address of school, if outside Thurrock |  |

|  |  |  |
| --- | --- | --- |
| Do you have parental responsibility for this child? | | Yes  No |
| Relationship to pupil |  | |

|  |  |  |
| --- | --- | --- |
| Is this child's parent or carer a Crown Servant? For example, in the armed forces | | Yes  No |
| Is this child part of a multiple birth? For example, a twin | | Yes  No |
| Does this child have an Education, Health and Care (EHC) plan? | | 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 2026**, please give details below.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Sex | Date of birth | School attending |
|  | F  M | /    / |  |
|  | F  M | /    / |  |

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## Section 2 – school preferences

Include any schools outside Thurrock for which you wish to apply, including grammar schools.

|  |  |  |  |
| --- | --- | --- | --- |
| Order of preference | Name of school | Child of staff member | Child of former pupil |
| Preference 1 |  | Yes  No | Yes  No |
| Preference 2 |  | Yes  No | Yes  No |
| Preference 3 |  | Yes  No | Yes  No |
| Preference 4 |  | Yes  No | Yes  No |
| Preference 5 |  | Yes  No | Yes  No |
| Preference 6 |  | Yes  No | Yes  No |

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 the form by the closing date of **31 October 2025** to:  
**School Admissions, Thurrock Council, Civic Offices, New Road, Grays, RM17 6SL**