COMMON APPLICATION FORM (SECONDARY)

Admission to Secondary School to start Year 7 in September 2024 Children born 1 September 2012 to 31 August 2013

Please read the notes carefully before completing this form.

Please complete in CAPITAL LETTERS

Please photograph/scan this completed form and email to:

admissions.schools@oxfordshire.gov.uk

Or post to School Admissions Team at: County Hall, New Road, Oxford, OX1 1ND



Closing date for Form

31 OCTOBER 2023

SECTION 1: Child's	details										
Legal Surname					First	Name					
Known by a different surname? Please state it here					Middle	Names					
							Male /	Female			
								Date of Birth Day Month Year			
Address								Month	Year		
	Pos	Postcode									
Your child's current Prima	ary or Junio	or school									
SECTION 2: Parent ((Applica	nt) detail	s								
		(Title Prefix	k, e.g. Mr/Mrs/	Miss/	Ms etc)						
Name(s) of parent / carer living at home address in Section 1								I			
Relationship to child											
Email address											
Home telephone number						e telephone e.g. mobile)					
		(Title Prefix	k, e.g. Mr/Mrs/	Miss/	Ms etc)						
Name(s) of other person with parental responsibility for the child in Section 1			<u> </u>		·			l			
Address (if different from address in Section 1)											
Relationship to child											
Email address											
Home telephone number						e telephone e.g. mobile)					

			Child's Name							
SECTION 3: Your preferences										
Use the boxes below to list up to four schools you would like your child to attend. Put the school you would most like your child to attend first in the list. If you know the code for the school, please write it in the boxes provided.										
First (1st) Preference School	ol					School Code No. Office Use				
Any older brothers or sisters this school? Please give nan	ne(s) and	Name			Name					
date(s) of birth here Reasons for your p You can use Section 4 if yo	oreference				DoB					
Second (2nd) Preference S	chool					Sch	nol Cod	e No.	Office Use	
Occord (Zila) Fictorial S	GIOGI					Con		140.	Onico occ	
Any older brothers or sisters this school? Please give nan	ne(s) and	Name			Name					
date(s) of birth here		DoB			DoB		_			
Reasons for your preference. You can use Section 4 if you need more space										
Third (3rd) Preference Scho	ool					Sch	ool Cod	e No.	Office Use	
Any older brothers or sisters this school? Please give nan	_	Name			Name					
date(s) of birth here		DoB			DoB					
Reasons for your p You can use Section 4 if yo										
Fourth (4th) Preference Sch	nool					Sch	ool Cod	e No.	Office Use	
,										
Any older brothers or sisters this school? Please give nan	-	Name			Name					
date(s) of birth here		DoB			DoB					
Reasons for your preference. You can use Section 4 if you need more space										
Applying for any of the above change and tell us the new a proof of the new address by	ddress in t	the space b	elow (if you have n	ot already to	old us in Secti	on 1				
New address from date										
New Address										
NEW Address										
	Post	tcode								

SECTION 4: Extra Information			
Child has an Education, Health & Care Plan?	YES/NO	If YES, which Authority maintains this Plan?	
Child is 'looked after' or was previously 'looked after' by a Local Authority or was in state-care outside the UK?	YES/NO	If YES, tell us the name of your child's social worker and the Authority (or Country)	
Moving as a new posting as Service or Crown Servant personnel?	YES/NO	If YES, tell us the date of your posting	
Child eligible for Service Pupil Premium (SPP)? Check online: https://tinyurl.com/OxonSPP	YES/NO	If YES, you will need to provide evidence	
Use this space to give further reasons for any of the preferences you have listed in Section 3. These can include philosophical reasons, reasons relating to your religion or that of your child, or reasons which you think are relevant to one or more of the published admissions rules for the school(s)			
SECTION 5: Additional information for Some schools will want to see proof that your child of your child's baptismal certificate or a letter from forward it to all relevant schools on your behalf.	l is of a pa	rticular faith and/or has been bapti	ised and/or will want a copy
My child is of the following faith/denomination			
My child has been baptised At (location)			
Some schools have a supplementary form (SIF) th you send a SIF with this form, the Council will send			olete your application. If
My child is a child of a member of staff who works at the school (name of school, name of staff member and their job)			
Child has a disability as defined in the Equality Act 2010? Or your child (or your family) has exceptional medical or social needs? You need to provide written evidence from the appropriate professional person involved with your family	YES/NO Further	O Information:	
Child eligible for Pupil Premium or Service Pupil Premium? You will need to provide evidence of this		YES/NO	

Child's Name

	Child's Name								
SECT	SECTION 6: Information and Declaration								
Please	read the important information below and the declaration before you sign and date.								
•	The co-ordinated admissions scheme allows for a maximum of one school to be offered to the child whose details are in Section 1.								
•	Subject to the availability of places and the application of the over-subscription criteria for the preferred								

applicants that have a higher priority for a place using the admissions rules).
 If a place cannot be offered at any preferred school(s), and the child lives in Oxfordshire, a place will be offered instead at the nearest school that has places not offered to other children.

school(s), the preference(s) listed in Section 3 will be complied with and a place at the highest preferred school will be offered (unless this is not possible because there are no places available or there is a greater number of

Please no	ote that, if you delik	berately give	e false inforr	mation, your	r child's offer	of a school p	olace m	ay be witho	drawn
	All the information I have given on this form is correct to the best of my knowledge.								
	I understand that form for admissio purposes only.		-		-		•		
	I understand that admissions autho securely.						-		
	I understand that Oxfordshire County Council will securely destroy this form no later than August 2025.								
	I understand that Oxfordshire County Council will keep an electronic record of the content of this form until August 2029, after which time the electronic record of the content of this form will be destroyed.								
	I understand that I have the right to request the electronic record of the content of this form to be deleted before August 2029.								
	I understand that I can request a copy of the electronic record that Oxfordshire County Council holds about the application that has been made on behalf of the child whose details are in Section 1 before August 2029 unless I have requested the information deleted before this date.								
(Tick to confirm you have read and agree to these statements)									
Signature							Date		