COMMON APPLICATION FORM (PRIMARY)

Starting Reception year group in the 2024/25 academic year Children born 1 September 2019 to 31 August 2020

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

15 JANUARY 2024

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		
Address							Day	Month	Year	
	Pos	Postcode								
Your child's current Nurs	sery or Pre	-School								
SECTION 2: Parent (SECTION 2: Parent (Applicant) details									
	(Title Prefix	k, e.g. Mr/Mrs	s/Miss/	'Ms etc)						
Name(s) of parent / carer living at home address in Section 1		,			,					
Relationship to child										
Email address										
Home telephone number						e telephone e.g. mobile)				
		(Title Prefix	k, e.g. Mr/Mrs	s/Miss/	'Ms etc)					
Name(s) of other person with parental responsibility for the child in Section 1								I		
Address (if different from address in Section 1)										
Relationship to chil	ld									
Email address										
Home telephone number						e telephone e.g. mobile)				

SECTION 3. Four prefe	ence	3						
Use the boxes below to list up t your child to attend first in the list								st like
First (1st) Preference School						ool Co	de No.	Office Use
Any older brothers or sisters att this school? Please give name(Name		Name				
date(s) of birth here Reasons for your pre	eference	DoB		DoB	L			
You can use Section 4 if you	need mo	ore space						
Second (2nd) Preference School							de No.	Office Use
Any older brothers or sisters atter this school? Please give name(s)	_	Name		Name				
date(s) of birth here		DoB		DoB				
Reasons for your pre You can use Section 4 if you i								
Third (3rd) Preference School						ool Co	de No.	Office Use
Any older brothers or sisters attendir this school? Please give name(s) ar date(s) of birth here	_	Name		Name				
	(6) 4.14	DoB		DoB				
Reasons for your pre You can use Section 4 if you i								
Fourth (4th) Preference School						ool Co	de No.	Office Use
Any older brothers or sisters attending this school? Please give name(s) and date(s) of birth here		Name		Name				
		DoB		DoB				
Reasons for your pre You can use Section 4 if you ı								
Applying for any of the above so change and tell us the new add proof of the new address by 29	ress in t	he space b	elow (if you have not already to	old us in Sect				
New address fr	om							
New Address								
	Post	code						

Child's Name

SECTION 4: Extra In	formation					
Child has an Education, F	d has an Education, Health & Care Plan?		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 furth the preferences you have These can include philosoph relating to your religion or reasons which you think a more of the published adn school(e listed in Section 3. hical reasons, reasons that of your child, or re relevant to one or nissions rules for the					
SECTION 5: Addition	nal information fo	or Own	Admission Authority (OA	AA) schools		
	tificate or a letter from		rticular faith and/or has been bapti leader. If you send evidence with			
My child is of the following	g faith/denomination					
My child has been baptised On (date) At (location)						
Some schools have a suppl you send a SIF with this form			nt you to fill in and provide to comp chool on your behalf.	olete your application. If		
My child is a child of a mem at the school (name of so member and t	chool, name of staff					
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 Information:				
Child eligible for Pupil Prer Premium? You will need to this	•		YES/NO			

Child's Name

Child's Name			

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 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 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 at the nearest available school with a place instead.

Please no	that, if you deliberately give false information, your child's offer of a school place may be withdrawn					
	Il the information I have given on this form is correct to the best of my knowledge.					
	understand that I am giving my consent that Oxfordshire County Council can process the information in this rm for admissions purposes and can share it with other agencies and admissions authorities for admissions urposes only.					
	understand that Oxfordshire County Council will keep this information securely and that any agency or dmissions authority that receives this information for admissions purposes will also keep this information ecurely.					
	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 2031, after which time the electronic record of the content of this form will be destroyed.					
	understand that I have the right to request the electronic record of the content of this form to be deleted before ugust 2031.					
	understand that I can request a copy of the electronic record that Oxfordshire County Council holds about the oplication that has been made on behalf of the child whose details are in Section 1 before August 2031 unless have requested the information deleted before this date.					
(Tick to c	firm you have read and agree to these statements)					
5	nature Date					