

Application form

(Common application form for Community, Free, Voluntary Aided Schools & Academies)

In-year applications

(use this form if you are applying at a time when your child would not normally be due to change school)

Please note:

You will need to provide your Brighton & Hove City Council Tax Account Number. However, if you have recently moved and are not yet registered for Council Tax, you will need to send alternative proof of address. Please see page 22 of the primary booklet or page 28-29 of the secondary booklet. If you do not provide your Council Tax Number or an alternative proof of address with your application it may mean you miss out on a place at your preferred school if other children with confirmed addresses have also applied for places there.



If your child is currently attending a Brighton & Hove School, the school will be informed that you have asked to transfer.

Data Protection Act

Brighton & Hove City Council is the Data Controller for the purposes of the Data Protection Act 1998. This means that Brighton & Hove City Council is responsible for making decisions about how your personal data will be processed and how it may be used.

The purpose for which your data will be processed is to make arrangements for school admissions and home to school transport, establish pupil records to assist schools in administrative matters, track pupil progress, assess pupil entitlement to various benefits and services, and, not least, plan future school places and services.

The information you provide will be treated confidentially at all times.

Security safeguards apply to both manual and computerised held data, and only relevant City Council or school staff can access your information. If you have any queries contact the Data Protection Officer telephone 01273 291207.



**Brighton & Hove
City Council**

Notes to help you fill in this form

Full details of the arrangements made by the council for allocating school places are set out in the relevant 'School Admissions in Brighton & Hove' booklets. To help you complete this form a checklist of important points is set out below.

Before completing this form, you may want to consider:

- Visiting any school before making up your mind. Please make an appointment with the school before you go;
- Several alternative schools. You will need to think about how your child will get to school, and the possible costs. Details of the circumstances in which the council is able to help with transport are given in the booklet;
- Any compelling medical or other exceptional reasons for wanting your child to go to one school rather than another. For example, does your child have a particular medical condition? If so, please supply a letter from your family doctor which explains the situation – this is important because it will enable the School Admissions Team to reach an informed decision about your child's school place. For more information see the booklet section 4 titled "The council's admission priorities".

1. When you fill in the form, make sure that you give:

- 1a Your child's full name, date of birth (if you object to your child being allocated a place at a church aided school please tell us);
- 1b Your child's home address and your telephone number, and email address, if you have one. If you are moving house and this results in a change of preference for a school, you should read the section of the School Admissions Booklet titled "Moving House";
- 1c Your Brighton & Hove City Council Tax reference or account number. You will find it on your Council Tax Bill. If you have recently moved into Brighton & Hove, see page 22 for proof of address that will be required.
- 1d Up to three different preferences for a school for your child in your order of priority (your chances of receiving your school of preference are not improved by naming the same school more than once). Please note that your listed preferences should include any application you are making to a church aided school or to a maintained school outside Brighton and Hove.
- 1e Indicate whether your child has a sibling at one of your preferred schools.
- 1f Indicate if your child has a statement of SEN or an Education, Health and Care Plan.
- 1g Any special reasons, including medical or other exceptional reasons, for your preference(s). Please remember to attach to the application form any letters in support of your request.
- 1h Indicate if your child is subject to a care order or voluntarily accommodated by a Local Authority.

2. How to return this form:

- i Sign and date the form, giving your full name as the child's parent or carer and making sure that you have attached any supporting evidence;
- ii Return it to
School Admissions Team,
Hove Town Hall, Norton Road, Hove, BN3 4AH.

3. The Children Act, 1989

Under the terms of the Children Act, 1989, married parents or the unmarried mother of a child have parental responsibilities automatically. Other people, including unmarried fathers, step-parents, grandparents and other relations, foster carers, and others, may acquire parental responsibilities in a variety of ways.

If you are uncertain of your parental status, the School Admissions Team will be happy to discuss it with you. Please contact 01273 293653 for information.

Application form **In-year applications**

Please complete this form in **BLOCK CAPITALS** and **BLACK INK** after reading the notes opposite and in the accompanying booklet.

See note 1a opposite.	Child's Surname	Date of Birth		
	Child's first name	Day /	Month /	Year
See note 1b opposite.	Address	Boy <input type="checkbox"/> Girl <input type="checkbox"/> If you would not accept a place at a church school tick this box <input type="checkbox"/>		
	Postcode	Phone		
	email			

If less than 6 months at this address or your child attends a private school, please give proof of address.

The above address should be the place where your child usually lives. Please note that it is an offence to give a false address.

See note **1c** **Your Brighton & Hove City Council Tax Account Number**

Present/ Last School

See note **1d** Please note that the law allows you to express a preference rather than choose a school.

Preferred School
Please write the names of the schools you would like your child to attend. If you wish to give reasons for this please do so on a separate sheet.

First Preference

Second Preference

Third Preference

Date place required

Supporting Information (Please tick box if appropriate)

See note **1e** opposite. There will be a brother or sister still at one of the schools listed above (please give details below)

Name	Date of birth	School they attend
<input type="text"/>		

See note **1f** opposite. My child has a statement of special educational needs or Education, Health and Care Plan.

There are compelling medical or other exceptional reasons that make it essential for my child to attend _____ school. I have attached evidence from a doctor, social worker or other professional explaining why it is essential for my child to attend the school.

My child is subject to a care order or voluntarily accommodated by a local authority, or used to be but has now been adopted or made subject to a special guardianship order.

Social Worker's name Contact no:

If your child is adopted/subject to a special guardianship order please supply a copy of the adoption certificate or a copy of the order.

Please note: you must also complete the questionnaire on the next page. If this is not completed, it will be returned to you for completion. This could delay your child's admission to school.

Please turn over

Reasons for transfer (please tick one)

- | | |
|---|--|
| <input type="checkbox"/> 1) House move (within Brighton and Hove) | <input type="checkbox"/> 2) House move (from outside the area) |
| <input type="checkbox"/> 3) Bullying | <input type="checkbox"/> 4) Poor behaviour at school |
| <input type="checkbox"/> 5) Poor performance at school | <input type="checkbox"/> 6) Disagreement with school staff |
| <input type="checkbox"/> 7) Other
(please specify) | <input type="text"/> |

If you ticked anything except 1) or 2) above, please answer the following:

Did you discuss the issues with the school? **No** **Yes** If yes, please answer the following:

i) Who initiated the contact? yourself or the school

ii) Who within the school did you talk to
(tutor, year head, headteacher etc)

iii) What did the school do
to support your child?

iv) What did you agree to do
to support your child?

v) Were you referred to any
other support agencies?

vi) Why did you finally decide
to transfer your child?
(please continue on a
separate sheet if necessary)

Did you receive any help or advice about school transfer from any of the following?
(please tick any that apply)

- | | |
|---|--|
| <input type="checkbox"/> a) the school | <input type="checkbox"/> b) Education Welfare Officer |
| <input type="checkbox"/> c) School Admissions Team | <input type="checkbox"/> d) Other sections of B&H City Council |
| <input type="checkbox"/> e) Other
(please specify) | <input type="text"/> |

See note 2.

**PLEASE RETURN THIS FORM to: School Admissions Team,
Hove Town Hall, Norton Road, Hove, BN3 4AH.**

If you have any special medical or other exceptional reasons which support your preference (eg medical conditions, family circumstances, and/or other reasons) it is essential that you submit any supporting evidence with your application form. You must give independent evidence, see the booklet. Please state reasons in this space. (Use an additional sheet if necessary).

See note 3.

I have parental responsibility for this child, and all the information given on this form is legal and true. **I understand that any offer of a place made as a result of this application may be withdrawn if I give false information.**

Signed

Parent/Carer

Date

Print name

Mr/Mrs/Miss/Other