



IN-YEAR ADMISSION TO PRIMARY SCHOOL

This form should only be completed by **Kingston upon Thames Borough residents**. Before you complete the form, please read the Primary School Admissions Booklet.

Office Use Only
Date Received: _____
Ref No: _____

If your child has a **Statement of Special Educational Needs** please do not complete this form. Please contact your SEN Case Worker.

Child's Details

Surname

First Name Middle Name

Boy Girl Please Tick
Date of Birth Day Month Year Year Group

Address
Please attach proof of your address

Post Code

Parent/Carer Details

Title First Name

Surname

Relationship to child

Daytime Telephone Number Home Telephone Number

Mobile Telephone Email Address

Children in Public Care

If your child is in the care of a Local Authority, please state which Local Authority.

Please provide a letter from the social worker confirming this. Please also state reasons for your school preferences.

Details of Current/Previous School

School Name
and Address

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Telephone number

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Dates Attended

From	To
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If you are requesting a transfer between local primary schools it is important to discuss your reasons for seeking an alternative school with your child's present school.

Please indicate if you have done so.

YES

NO

School Preferences

You may list up to four schools in the order you prefer them. Please insert the name and the DfE number (if known) of each of the schools. You must include all state schools whether they are in Kingston or in other council areas. Do not include private schools. Your application details will be sent to the relevant council or school as appropriate. Please include the name and date of birth of any sibling (brother or sister) who will still be attending the school at the time of admission. Please check if the schools you are applying for require you to complete a separate supplementary information form.

Reasons for Preferences

If you wish you may use the box below each preference to give your reasons for naming the school as a preference (optional). It is important that you check each school's admissions criteria to see if additional priority can be given for any reasons. If you wish to apply for priority for exceptional family, social or medical reasons you must tick the box () to indicate this **and enclose supporting documents.**

1st Preference

School Name	Borough where school is located	DfE No (if known)	
Details of any sibling already at the school	First name	Last name	Date of birth
Reason for preference (optional)			
I wish this to be considered for priority under exceptional family, social or medical needs and I have enclosed supporting documentation. <input type="checkbox"/> Please tick <input checked="" type="checkbox"/>			

2nd Preference

School Name	Borough where school is located	DfE No (if known)	
Details of any sibling already at the school	First name	Last name	Date of birth
Reason for preference (optional)			
I wish this to be considered for priority under exceptional family, social or medical needs and I have enclosed supporting documentation. <input type="checkbox"/> Please tick <input checked="" type="checkbox"/>			

3rd Preference

School Name	Borough where school is located	DfE No (if known)	
Details of any sibling already at the school	First name	Last name	Date of birth
Reason for preference (optional)			
I wish this to be considered for priority under exceptional family, social or medical needs and I have enclosed supporting documentation. <input type="checkbox"/> Please tick <input checked="" type="checkbox"/>			

4th Preference

School Name	Borough where school is located	DfE No (if known)	
Details of any sibling already at the school	First name	Last name	Date of birth
Reason for preference (optional)			
I wish this to be considered for priority under exceptional family, social or medical needs and I have enclosed supporting documentation. <input type="checkbox"/> Please tick <input checked="" type="checkbox"/>			

New to the Area

If you are applying following a recent move to the area, please give the date of your move

Date of move: _____

Changing Schools

If you are applying to change schools please explain your reasons:

Declaration and signature of Parent/Carer

I confirm that the information I have given on this form is correct. I will provide additional information or documentary evidence in connection with this application if requested.

I understand that Kingston Council may check any details I have given and that any false or deliberately misleading information given on this form could lead to the withdrawal of an offer of a Primary school place for my child.

I have read and understood the admission procedures set out in the Primary School Admissions Booklet and the relevant booklets for schools in other council areas I am applying to.

I have enclosed a copy of the following documents: Please tick as appropriate.

- Current Council Tax statement or Council Tax Benefit Confirmation
- Proof of my child's date of birth

and

a copy of one of the following documents

- Tenancy Agreement or rent statement
- Mortgage Statement
- Child's Medical Card
- Your Driving Licence

Signed.....

Date.....

**Mother/Father/person with parental responsibility (*delete as appropriate)*

Checklist:

Before you return this form please ensure that you have:

- Checked that your child's address is within the borough of Kingston upon Thames
- Completed all relevant sections of this form
- Enclosed proof of your address
- Enclosed proof of your child's date of birth
- Included any sibling details
- Enclosed any supporting evidence required
- Completed any necessary supplementary information forms
- Signed this form

Outcome of Application

All your preferences will be considered at the same time, regardless of the rank. A letter will be sent within 20 schools days to let you know the outcome of your application.

Please return to: School Admissions, Learning and Children's Services, Royal Borough of Kingston upon Thames, Guildhall 2, Kingston upon Thames KT1 1EU.