

IN-YEAR ADMISSION TO SECONDARY SCHOOL

This form should only be completed by **Kingston upon Thames Borough residents**. Before you complete the form, please read the Secondary School Admissions Booklet and ensure you enclose the requested documents.

Office Use Only Date Received: _____ Ref No: _____
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If your child has a **Statement of Special Educational Needs** please do not complete this form. Please contact your SEN Case Worker.

Child's Surname

Child's First Name Middle

Boy	Girl	Please Tick	Date of Birth	Day	Month	Year	Year Group
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Address and Postcode
Please attach 3 proofs of your address
(see back page of this form)

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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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:

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), living at the same address, 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**. Before considering this, you may find it helpful to read the information on pages 11 and 12 in the Secondary School Admissions Booklet.

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"/>			

Declaration and signature of Parent/Carer

I confirm that the information I have given on this form is true and 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 secondary school place for my child and could lead to legal action if necessary.

I have read and understood the admission procedures set out in the booklet *Which Secondary School? 2012* and the relevant booklets for schools in other council areas I am applying to.

For proof of your address, you must provide copies of 3 documents - one document from each section below: Please tick as appropriate.

1. Child benefit statement

2. ONE of the following:
 - Tenancy agreement or rent statement
 - Mortgage statement
 - Council Tax Demand Notice or Council Tax Benefit confirmation

3. ONE the following:
 - Bank or building society statement*
 - Credit card statement*
 - Household insurance document (covering the period within three months of the date of your application)
 - UK driving licence

*** Must be dated within three months of the date of your application.**

Date of Birth

You must also provide proof of your child's date of birth (please do not send original documents).

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 3 proofs 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.