

# In year admission application form

Date received

**This form is for Hammersmith & Fulham residents who wish to obtain a place in a state maintained school or academy either within the borough or elsewhere, outside of the normal time for applying for primary reception or secondary Year 7 places.**

This form should be used to apply for a place in Years 1 to 6 and Years 8 to 11 inclusive, as well as reception and Year 7 after those year groups have already started.

**If your child lives outside Hammersmith & Fulham DO NOT complete this form. You need to contact the school admissions team of the borough or county council in whose area your child lives.**

If you are applying for a place at a church or selective school, you will probably also need to complete an additional or supplementary form. Please check with each such school concerned.

**Please write clearly using BLOCK CAPITALS and make sure you complete ALL sections of this form. If you do not do this, we may not be able process your application.**

## 1. CHILD'S DETAILS

Child's surname	<input type="text"/>	First name	<input type="text"/>
Please tick <input checked="" type="checkbox"/>	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Child's date of birth* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\* Please provide evidence of your child's date of birth, either a copy of birth certificate or immigration papers.

**Child's home address.** This must be the address where the child normally lives. If you have a genuine shared care arrangement with your child's other parent, the address of the parent who is claiming child benefit for the child must be used for the purpose of the application.

Address	<input type="text"/>		
Town/city	<input type="text" value="London"/>	Postcode	<input type="text"/>

## 2. PARENT/CARER'S DETAILS

Title <input type="text"/>	Surname <input type="text"/>	First name(s) <input type="text"/>
Relationship to child	<input type="text"/>	
Home telephone	<input type="text"/>	Daytime telephone <input type="text"/>
Email address	<input type="text"/>	

**Please give your Hammersmith & Fulham council eight digit tax reference number**

Your council tax ref number

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## 2. PARENT/CARER'S DETAILS *(continued)*

If your address cannot be verified from our council tax records we may seek alternative proof of residence such as a recent utility bill.

If for any reason your address, ie the address of the person with parental responsibility, is different to the child's address you have given overleaf, please provide it in the box below and explain the reason on a separate sheet of paper.

Address	<input type="text"/>				
	<input type="text"/>				
Town/city	<input type="text" value="London"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3. CHILDREN IN PUBLIC CARE

Is the child in public care of (looked after by) a local authority?

Please tick ✓ Yes  No

If YES, please state which local authority and attach a copy of a letter from a social worker to confirm that this is the case.

Local authority

## 4. CHILDREN WITH A STATEMENT OF SPECIAL NEEDS

Does your child have a statement of special educational needs?

Please tick ✓ Yes  No

If yes, please contact the council's individual progress service on 020 8753 2754, as children with statements of special educational need are admitted to schools through a separate process.

## 5. DETAILS OF YOUR CHILD'S CURRENT OR PREVIOUS SCHOOL

Name of school	<input type="text"/>				
Name of local authority in which school is situated	<input type="text"/>				
School address	<input type="text"/>				
	<input type="text"/>				
Town/city	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
School contact number	<input type="text"/>				

Is your child currently attending the school you named above?

Please tick ✓ Yes  No

If yes, since when have they been attending?

If no, when did they leave the school?

If your child IS currently attending this school, please detail the reason for seeking a school transfer.

**If your child is not attending a school at present, please confirm the reason why from the options below**

Has your child been permanently excluded from their previous school?

Please tick ✓ Yes  No

If yes, what was the name of school?  date of exclusion?

Has your child recently arrived in Hammersmith & Fulham from overseas?

Please tick ✓ Yes  No

If yes, from where?

Has your child recently arrived in Hammersmith & Fulham from another area in the UK?

Please tick ✓ Yes  No

If yes, from where?

Any other reason your child is not presently attending a school?

## 6. SCHOOL PREFERENCES

**Please name up to THREE schools/and or academies that you want to apply to**, in your preferred order. If any of the schools you list require you to complete a supplementary form (usually church schools or selective schools) you will need to complete their supplementary form and return it to the school. If any of the schools you list are voluntary aided or academies within the borough, or any schools or academies outside the borough, your application will be forwarded to the schools concerned, or to the local authorities in which those schools are situated.

### 1st preference

School	<input type="text"/>				
Address	<input type="text"/>				
Town/city	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of any sibling* already attending this school	<input type="text"/>	date of birth	<input type="text"/>	boy	girl
				<input type="checkbox"/>	<input type="checkbox"/>
Reasons if any for preference**	<input type="text"/>				

### 2nd preference

School	<input type="text"/>				
Address	<input type="text"/>				
Town/city	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of any sibling* already attending this school	<input type="text"/>	date of birth	<input type="text"/>	boy	girl
				<input type="checkbox"/>	<input type="checkbox"/>
Reasons if any for preference**	<input type="text"/>				

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### 3rd preference

School	<input type="text"/>					
Address	<input type="text"/>					
Town/city	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of any sibling* already attending this school	<input type="text"/>		date of birth	<input type="text"/>	boy	girl
<input type="text"/>		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Reasons if any for preference**	<input type="text"/>					

\* 'Sibling' refers to brother or sister, half brother or sister, step brother or sister, or the child of the parent/carer's partner where the child for whom the school place is sought is living in the same family unit at the same address as that sibling.

\*\* Please note that priority under exceptional/social grounds will only be considered if supporting evidence is supplied from a doctor and/or social/health worker.

## 7. SIGNATURE OF PARENT OR CARER

I am submitting this application form naming the schools I wish to apply for and I have listed them in the order I would prefer them. I certify that I am the person with parental responsibility for the child named on this form and that the information is true to the best of my knowledge and belief. I accept that any false or deliberately misleading information given on this form and or supporting information may render this application invalid or could lead to an offer of a place being withdrawn.

Parent/carer's signature

Date

## CHECKLIST

Before returning this form, please ensure that you have: (Please tick ✓)

- Completed all the relevant sections of the form.
- Checked if you need to complete a supplementary information form if you have made a preference for a voluntary aided (church) school or academy. If so, you will need to provide it to the school.
- Supplied supporting evidence from an appropriate professional if your child is in public care, or you are stating medical/social reasons for your application.
- Attached evidence of child's date of birth - copy of birth certificate/immigration paperwork.
- Provided council tax reference number or alternative proof of residence.

### Your completed form should be returned

#### By post to:

School Admissions Section  
Children's Services  
Hammersmith Town Hall, King Street,  
Hammersmith, W6 9JU

#### In person to:

School Admissions Section  
Children's Services  
Ground Floor, Cambridge House  
Cambridge Grove, Hammersmith, W6 0LE

**If you have any queries about this form or the admissions procedure, please contact our admissions team on 020 8753 2627/3628/3643**

### Personal information policy

We regard your privacy as important and follow the Data Protection Act 1998. We will only hold the details you give us on this form for as long as necessary and will only process the information in connection with your child's education and welfare. This means, for example, that the information may be passed to the relevant admission authorities of those schools you are applying for. We will also share the information with the independent admission appeals panel if your application for a school is refused and you exercise your right of appeal.