| For office use | | |
|----------------|-------|----------|
| Date stamp | Name: | |
| | Pref. | Criteria |
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2018/19

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| Secondary application form for year seven 2018 entry | | | | |
| Child's surname / family name: | Child's first name: | | | |
| Child's legal surname / family name if different from above: | Child's date of birth Day Month Year (please circle) | | | |
| 1. Name of person completing this form. W section. The applicant must have parental re | We will only discuss the application with the person in this esponsibility. | | | |
| Title: First Name: | Surname: | | | |
| 2. Relationship to child: | 3. UK Service Personnel: Yes / No | | | |
| most of the week with his/her parent or call | | | | |
| 9 (| it is the parent/carer's responsibility to update the taken place. Proof of your new address will be number: | | | |
| school's full postal address, including post If you only apply for schools that are not you securing a place, please note that the des automatically be offered. Although we are if you live in the schools designated area, one of your preferences. | your designated school(s) and are unsuccessful in signated school for your home address will not e not able to guarantee an offer of a school place ever, we recommend you name your designated school as | | | |
| Preferred school 1 | Reason for choice | | | |
| Preferred school 2 | Reason for choice | | | |
| Preferred school 3 | Reason for choice | | | |

| 7. What primary school does your child currently attend? | | | | |
|---|---|--|--|--|
| 8. (For applications on faith grounds of ls your child baptised or christened? If yes, then please circle denomination | Yes / No (please circle) | | | |
| If you are applying on faith grounds, y | ou MUST contact your preferred schoo | | | |
| on a supplementary form. Failure to p | additional information by your preferred rovide the additional information may reerred school. Please do not send suppy, it must go back to the school. | esult in your | | |
| 9. Is the child currently or previously lo | ooked after by the Local Authority? Yes / No (please circle) | | | |
| | as previously been looked after or is su er,please provide information and a cop | | | |
| 10. Does the child/parent/family have any special medical needs that require he or she must attend a particular school? Yes / No (please circle) You must provide evidence, including documentary proof, which shows that it would be detrimental to your child's/parent/family's health not to admit him / her to the preferred school(s). If this information is not provided by the deadline date then it will not be considered. Please refer to the Finding a Secondary School Place Guide for further information. | | | | |
| 11. Are you a member of staff at any school for which you are applying? Please ensure proof is provided by deadline date and refer to Finding a Secondary School Place Guide for further information. Yes / No | | | | |
| 12. Details of any other children you m | ay have attending any of your preferre | d schools | | |
| Name of school | Full name of child | Date of birth | | |
| | | | | |
| | | | | |
| 13. Council Tax reference number | | | | |
| processed efficiently and confirm that have given are correct. The council m which will involve contacting other dep | nation given within this application so the I have read the attached notes and that ay verify information you have provided partments of the council who maintain a nation provided is different from that help Date: | t the details I I on this form appropriate | | |
| • | | | | |

Please return to: School Admissions Team

County Hall Bythesea Road

Trowbridge Wiltshire BA14 8JN

By 31 October 2017

Please complete this sheet and affix a postage stamp.

Do not detach this form from your application.

This form will be date stamped by the School Admissions Team. This will be returned to you and **must** be retained as proof of application.

If this form has not been returned to you within 15 school days of posting, please contact Customer Services on **01225 713010**.

| | | Please affix a postage stamp |
|---|------------|---------------------------------------|
| | | |
| | | |
| | | |
| | | |
| Please complete your name and address above | Postcode _ | |

If undelivered, please return to: The School Admissions Team, County Hall, Bythesea Road, Trowbridge, Wiltshire BA14 8JN

| Please note that this application will replace any previous applications that you may have already submitted, including on line applications. | | | | |
|---|--|--|--|--|
| | | | | |
| | | | | |
| Please write your child's name and preferred schools in the spaces below: | | | | |
| Child's name | | | | |
| | | | | |
| First preference | | | | |
| Second preference | | | | |
| | | | | |
| Third preference | | | | |
| | | | | |
| If this acknowledgement was date stamped as received 31 October 2017 the outcome will be posted to you on 1 March 2018. | | | | |
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| For office use only: | | | | |
| | | | | |
| Date stamp | | | | |
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