## Application for a place at primary school

September 2024

For further information on school admissions and nearest school search, please go to: iow.gov.uk/schooladmissions where you can also apply for a school place online.

If you make an application online do not return this form to school admissions.

Please list a **maximum of three primary schools** you wish your child to attend in order. Failure to include your nearest school may result in your child being allocated a school not of your preference or some distance from your home.

This form must be returned to School Admissions and Transport, County Hall, High Street, Newport, Isle of Wight, PO30 1UD by midnight on 15 January 2024.

If you are applying for a place at a church aided primary school you must also contact the aided primary school(s) to obtain their supplementary information form. The supplementary form together with any supporting evidence must be returned to the school(s) by the time stated in their policies by 15 January 2024.

Failure to meet this deadline will result in your application being treated as late, and your preferences will not be considered until after those that were received on time.

Please ensure you use the correct postage to send this form and enclose a stamped, addressed envelope, if you require acknowledgment that the form has been recieved. **We recommend that you do this**.

1. Child's details								
Child's legal surname	Child's legal first name							
Child's other name(s)								
Please tick: Male Female								
Date of birth (Day/Month/Year)	D D / M M / Y Y Y							
Number/name of house								
Road/street name								
Town	Postcode:							
Nursery, pre-school or playgroup currently attending								
Parent/guardian home telephone number								
Work telephone number	Mobile telephone number							
Email address								



Do you have an older child living with you who is (1) currently attending an Isle of Wight primary school, and (2) who will still be attending that school in September 2024? (Some schools include siblings who are attending in September 2023, please check the schools admission policy to confirm this) If yes please give details below. Surname First name Date of birth (Day/Month/Year) School Current year group 2. Other information Yes No Does the child have an education, health and care plan (EHCP)? a) Is the child in the care of a local authority? (if yes, please provide evidence). Yes No b) Are you applying for a place at any of your preferred schools on medical c) Yes No grounds? If yes, you should attach to this form a letter from a registered healthcare professional or similar, confirming the medical condition and stating why it is essential that your child attends a particular primary school. Any supporting medical evidence must be received by the closing date of midnight on 15 January 2024. d) Does your child currently have a parent/legal guardian who is employed by one of the schools listed in your preferences? Yes No School 3. Your preferred primary schools Please list below a maximum of three primary schools you wish your child to attend in order. Failure to include your nearest school may result in your child being allocated a school not of your preference or some distance from your home. We strongly recommend that you read the section entitled 'What is stating a preference?' in **Educating your** Child before listing your preferred schools available online at iow.gov.uk/schooladmissions My first preferred primary school is My second preferred primary school is My third preferred primary school is

Parent/guardian 1								
Mr/Mrs/Miss/Ms	First name(s)			Su	Surname			
Relationship to child								
Do you live at the same address as the child?  Yes  No								
Parent/guardian 2								
Mr/Mrs/Miss/Ms	First name(s)			Su	ırname			
Relationship to child								
Do you live at the same address as the child?  Yes  No								
I(we) confirm that all the information on this form is correct and that I(we) have parental responsibility for the child named in section 1. Where parental responsibility is shared with another person who the child does not ordinarily live with, I confirm that I have made that person aware of this application. I(we) understand that the authority reserves the right to verify the information I(we) have supplied and that any offer of a place based on fraudulent information will be withdrawn.								
Parent/guardian 1								
Parent/guardian 1					Date			
Documents I have attached to this form (please tick).								
Registered health professional letter, naming the school and the reasons for medical criterion.								
Other relevant information, eg, Looked After Child (LAC) evidence.								

4. Parents'/guardians' details

## **Privacy notice**

The Isle of Wight Council is the data controller for the personal information you provide on this form. The council's data protection officer is the head of legal services and monitoring officer and can be contacted at **dpo@iow.gov.uk**. You can contact the council by phone on 01983 821000 or by writing to us at County Hall, High Street, Newport, Isle of Wight PO30 1UD.

We will keep your personal information for as long as we are required to do so under relevant legislation or in accordance with our operational requirements. We may share your information with other agencies involved with your application.

Further information relating to how we use your data can be found at:

iow.gov.uk/schools-and-education/schools/privacy-notice

If you have any queries concerning this please write to: School Admissions, Isle of Wight Council, County Hall, High Street, Newport, Isle of Wight PO30 1UD. Or email: **school.admissions@iow.gov.uk** 

FOR OFFICE USE ONLY

a)	Received	b)	Acknowledged	
			EMS	