LINCOLNSHIRE COUNTY COUNCIL MIDYEAR APPLICATION FORM Please complete this form in black ink and BLOCK CAPITALS. Place a X to select a check box **CHILD DETAILS AND MAIN ADDRESS** Surname Forename Date of Birth Female Male House Street Town Post Code If the child is in Public Care or has previously been in Public Care, which has now ceased due to adoption (or become subject to a residence order or a special guardianship order), say with which Local Authority Please cross any of the boxes below that are relevant to the child and give details on page 4: Attending a pupil referral unit Statemented - a statement of special Not attended school in the last term Known to the police or the criminal educational needs justice system Problems with school attendance A traveller Pastoral support plan or an individual education plan Permanently excluded Homeless Medical needs or disabilities Fixed term exclusions in the last 6 From a UK service personnel family months or other crown servants A refugee or an asylum seeker **PARENT OR CARER DETAILS** Surname Title If you do not speak English Please cross this box if you speak English please state main language Relationship to child Home Phone Father Foster parent Mother Step parent Work Phone Other family member Other contact Mobile Phone Other relative Social worker e-mail address Is there anyone who should not have access to or information about the child? No Yes If YES, please tell us the details: If you are moving house, please tell us the new address and the date of arrival: Arrival Date House Street Town Post Code



SCHOOL PREFERENCES
Please name the schools in order of priority. If you have shared responsibility you should agree on the schools listed below.
1st Preference
Office Use Only School Name
Sibling already at the school (give details of the youngest sibling at this school).
Surname Date of Birth
Forename / / / / / / / / / / / / / / / / / / /
Religion or faith If you are applying on religious grounds please put a cross in this box and complete the separate religion form and return it with this form.
Medical condition If you are applying on medical grounds please put a cross in this box and complete the separate medical form and return it with this form.
Supporting documents If you are supplying any other documents that support this school please put a cross in this box. Please send copies not original documents.
2nd Preference
Office Use Only School Name
Sibling already at the school (give details of the youngest sibling at this school).
Surname Date of Birth
Forename
Religion or faith If you are applying on religious grounds please put a cross in this box and complete the separate religion form and return it with this form.
Medical condition If you are applying on medical grounds please put a cross in this box and complete the separate medical form and return it with this form.
Supporting documents If you are supplying any other documents that support this school please put a cross in this box. Please send copies not original documents.
3rd Preference
Office Use Only School Name
Sibling already at the school (give details of the youngest sibling at this school).
Surname Doto of Birth
Forename Date of Birth / / / / / / / / / / / / / / / / / / /
Religion or faith If you are applying on religious grounds please put a cross in this box and complete the separate religion form and return it with this form.
Medical condition If you are applying on medical grounds please put a cross in this box and complete the separate medical form and return it with this form.
Supporting documents If you are supplying any other documents that support this school please put a cross in this box. Please send copies not original documents.



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ANY OTHER SUPPORTING INFORMATION
Please give any details you feel are relevant. If your child requires a place in Year 10 or Year 11 please state the subjects your child is studing below. Please include the type of qualifation (e.g. GCSE, GNVQ), the subjects and the examination board.
DECLARATION BY PARENT OR CARER
I declare that all the information in this application is correct. By submitting this form, parents and carers are deemed to have accepted the policies of each school they have made an application for, as set out in the school prospectus.
Signature
Full name of person
Date / / / /
Please return your completed form to:
School Admissions Team Lincolnshire County Council
Children's Services County Offices Newland
Lincoln LN1 1YQ
Acknowledgment
You will receive an acknowledgment within 7 working days confirming we have received your application. If you do not receive an ackowledgment please contact us.

Contact Information

Phone: 01522 782030

 $\textbf{Email:} \ school admissions@lincoln shire.gov.uk$

Useful Websites

School Admissions: www.lincolnshire.gov.uk/schooladmissions School Transport: www.lincolnshire.gov.uk/schooltransport Free School Meals: www.lincolnshire.gov.uk/freeschoolmeals

Data Protection Act

Lincolnshire County Council is registered under the Data Protection Act and will use personal information only within the Council or partner organisations and in accordance with the requirements of the Act. (Registration No: Z8397628)

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