



In Year Application Form

Before proceeding with your application, you need to aware that your child's current/previous school may be contacted to request further information to assist with the admissions process. If you do not wish to proceed with your application on this basis, please contact the school on 01606 288128.

Year Group you wish to apply for:	
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Child Details

Surname:	Date of birth:
Forename(s):	Male/Female (please delete as appropriate)
Current Address:	
Postcode:	
Address in Cheshire West & Chester to which you are moving:	
Postcode:	Date of moving:
Telephone contact numbers:	
Email address:	

Date place required:
Reason for changing school:

School currently attending/last school attended:
Date child left (if applicable):

Is the child ' Cared for ' by a Local Authority (in public care?) Is the child previously looked after but ceased to be so because they were adopted (or become subject to a residence, or special guardianship order)? If yes, please state below which Local Authority, Social Worker details and a contact number:	Yes/No
Does your child have a Statement of Special Educational Needs/Education, Health and Care plan??	Yes/No
Is your child permanently excluded from school?	Yes/No
Is the child's parent a crown servant as defined by the School Admissions Code?	Yes/No



Applicant's Details

Mr/Mrs/Miss/Ms/Dr etc	Initials:	Surname:
Address: (if different from pupil's address)		
Daytime Telephone No:	Email address:	Relationship to Child:

Siblings (and any other children living at the same address). A sibling means the brother, sister, stepbrother, stepsister, half-brother or half-sister living together as part of one household, already attending the preferred school and expected to continue at the school in the following school year.

Siblings Name:	School and Year Group:	Date of Birth:
Does the sibling reside at the same address as the applicant? If no, please provide details.		Yes/No

Other relevant circumstances. Please include here any further information which you consider may be relevant to your preference. Continue on a separate sheet, if necessary. Please provide full details of dual residency, if applicable.

I declare that all the information which I have provided is true. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn.	
Signed:	
PRINT NAME:	Date:

Data Protection Act. The Council/School maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may also be shared with other local authorities and Primary Care Trusts.

Verification of Information. The Council/School may verify information you have provided on this form which could involve contacting other departments of the council who maintain appropriate records. In instances where the information provided is different from that held by them they may use the information on this form.

Once completed please return this form to: **School Office, Witton Church Walk CE Primary School, Church Walk, Northwich, Cheshire, CW9 5QQ.**

FOR OFFICE USE ONLY	
Date received:	
Date offer/refusal letter sent:	