

Common Application Form (CAF)

Date received by LA.....

R**Bury**
COUNCIL**ADMISSION TO RECEPTION CLASSES PRIMARY SCHOOLS – SEPTEMBER 2023****CHILD DETAILS**

CHILD'S FIRST NAME

CHILD'S SURNAME
(FAMILY NAME)

DATE OF BIRTH

GENDER

ADDRESS	NURSERY	LOCAL AUTHORITY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Which Council charges Council Tax for the address where you live?

Home Telephone Number: Mobile Telephone Number: Email Address: **NAME(S) OF PARENT(S) OR ADULT(S) WITH PARENTAL RESPONSIBILITY**

Mr/Mrs/Ms/Dr etc.	FORENAME	SURNAME	DAYTIME TEL. NO.
Mr/Mrs/Ms/Dr etc.	FORENAME	SURNAME	DAYTIME TEL. NO.

ADDRESSES (If different from pupil's address)

Please state up to 3 schools which you would prefer your child to attend. *If you want to name a school outside the Bury Council area, you **must** include it here, but do **not** include any independent schools.*

1st Preference	Local Authority
2nd Preference	Local Authority
3rd Preference	Local Authority

Please tick any of the following reasons applicable to each of your preferred schools.

	1st Pref	2nd Pref	3rd Pref		1st Pref	2nd Pref	3rd Pref
Distance				Ease of Travel			
Siblings				Single sex school			
Medical Reasons*				Selective School			
Religion or Faith*				Specialist School			
Within Catchment area**				Co-educational School			
Feeder/Linked school							

*Please note that supporting information must be provided. ** Where catchment areas apply.

SIBLINGS

Names of older brothers/sisters, including half brothers/sisters, already attending your preferred school(s) and expected to continue in the following school year.

Name of Sibling (and address if different from child)	D.O.B.	School attending	Year Group (1, 2 etc)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does your child have a Statement of Special Educational Needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child privately fostered? Private fostering is when a child under the age of 16 is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent & a carer for 28 days or more.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child Looked After by a Local Authority or was previously Looked After but ceased to be so because they were adopted (or subject to a residence order or guardianship order)?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please state which Local Authority:		

***Please provide evidence e.g. adoption certificate or supporting letter from your social worker**

OTHER RELEVANT CIRCUMSTANCES

Please include here any further information which you consider may be relevant to your preference(s). Continue on a separate sheet, if necessary. You should be aware that places will be offered in accordance with the policies as shown in the Primary School Admissions Information Guide 2020.

If any of your preferences are for Roman Catholic or Voluntary Aided Church of England Schools, you must supply a copy of your child's baptismal certificate.

<p>If your application is to a Roman Catholic School, you must complete this section:</p> <p>Church of Baptism: _____ Date of Baptism: _____</p> <p>Present Parish of Residence: _____</p>
<p>If your application is to a Voluntary Aided Church of England School, you must complete this section:</p> <p>Church of Baptism: _____ Date of Baptism: _____</p> <p>Present Parish of Residence: _____</p>

Checklist : Before returning this form, have you:-		
• completed any additional forms necessary for voluntary aided schools and included any additional supporting information if required? (please check the admission arrangements for each school for which you are applying)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• completed all relevant sections of this form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DECLARATION OF PARENT OR CARER

I declare that all the information which I have provided is true. I accept that any place offered to my child may be withdrawn if I have used fraudulent or intentionally misleading information (for example, a false address) to gain the place.

Signed _____ Mr/Mrs/Ms/Dr etc. Date _____

<p>PLEASE RETURN THIS FORM to your child's present school (Bury primary schools only), Via email to admissions@bury.gov.uk or direct to Admissions Team, Children and Young People, 3 Knowsley Place, Duke Street, Bury, BL9 0EJ.</p> <p><u>This form must be returned by no later than 15th January, 2023.</u></p> <p><i>Forms received by the Local Authority after this date will be treated as late which may result in your child not being offered a place at a school of your preference.</i></p>
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DATA PROTECTION ACT The Council 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 relevant parties such as other LAs, schools and other departments of the Council. Verification of Information – the Council 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.