

Common Application Form (CAF)



Date received by LA.....

TRANSFER OF PUPILS FROM PRIMARY TO SECONDARY SCHOOLS – SEPTEMBER 2025

PUPIL DETAILS – please change any incorrect details.

PUPIL'S FIRST NAME	<input type="text"/>	PUPIL'S SURNAME (FAMILY NAME)	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	GENDER	<input type="text"/>

ADDRESS - please change any incorrect details	PRIMARY SCHOOL	LOCAL AUTHORITY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

NAME(S) OF PARENT(S) OR ADULT(S) WITH PARENTAL RESPONSIBILITY

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

ADDRESSES (If different from pupil's address)

Home Telephone Number

Mobile Telephone Number

Email 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	<input type="text"/>	Local Authority
2nd Preference	<input type="text"/>	Local Authority
3rd Preference	<input type="text"/>	Local Authority

Please tick any of the following reasons applicable to each of your preferred school(s). Please note that not all the above criteria apply to Bury schools, but may be appropriate if you state a school in another area. *Criteria marked with an asterisk may be applicable to Bury schools.

	1st Pref	2nd Pref	3rd Pref
Distance (<i>home to preferred school</i>)*			
Siblings in preferred school (<i>provide details overleaf</i>)*			
Medical Reasons (<i>supporting information must be provided</i>)			
Religion or Faith (<i>supporting information must be provided</i>)*			
Feeder/Linked School (<i>where applicable</i>)			
Ease of Travel			
Single Sex School			
Co-educational School			
Selective School			
Specialist School			

Please send form to: your child's present school (Bury primary schools only), or email to Admissions Team at admissions@bury.gov.uk **by 31/10/2024** 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.

SIBLINGS

Please give 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 pupil)	D.O.B.	School attending	Year Group (7, 8 etc)

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 child arrangements order or special 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 write down here anything you feel is relevant to your application or use a separate sheet if you prefer. However, places can only be offered in accordance with the policies shown in the Transfer to Secondary School Guide.

Checklist : Before returning this form, have you:-		
• completed any additional forms necessary for voluntary aided schools? (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 _____

PLEASE RETURN THIS FORM to your child's present school (Bury primary schools only), or email direct to Admissions Team at admissions@bury.gov.uk

This form must be returned by no later than 31st October, 2024.
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.

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.