TORFAEN EDUCATION DEPARTMENT

APPLICATION FOR SECONDARY SCHOOL 2026

To complete this application form you must have Parental Responsibility for the child.
For a child Currently Looked After please determine who has PR by contacting Social Services

SECTION 1 PERSONAL DETAILS

Child's legal name:		Male	Female
Date of Birth:	Address:		
Name of the Primary School currently attending:			
Is your child attending a Special Needs Resource Base at this School?		Yes	No
Does your child have a Statement of SEN / LA Individual Development Plan(IDP) / School IDP?*		Yes	No
Is your child one of a multiple birth (e.g twin or triplet)?		Yes	No
Is the child a Looked After or Previously Looked After Child (by Social Services)? If **Yes,** please provide the name of the Social Worker, contact telephone number and the name of the Local Authority:		Yes	No
Does your child have a Medical condition which requires a place at a specific school?*		Yes	No
Is your child a Service/Crown servant Child?*		Yes	No

* **Please read the School Admissions Policy to view the evidence required to support your application.**

SECTION 2 SCHOOL PREFERENCE

Please indicate below your preferred choice of school(s) in order preference. You may express more than one preference and give a reason for your preference. Your preferred schools will be considered equally, and you will be offered a place in the most preferred school where a place is available.

1st choice of school	
2nd choice of school	
3rd choice of school	

SECTION 3 SIBLING

Will your child have an older brother/or sister (including step siblings) at any of the school(s) you have listed in Section 2 in September 2026 residing at the same address, if so please specify.
(***Please note that siblings entering Years 12/13 will not be taken into consideration***).

Name:	Date of Birth:	School:

SECTION 4 DECLARATION

The information that you provide will be used to allocate a school place for your child. Torfaen County Borough Council in fulfilling its data protection obligations, will treat all personal data submitted by you, held manually and/or on a computer database with absolute security and care. Information may be shared with other agencies that are directly involved in the education, health and welfare of school children. The use of personal information is covered by the authority's registration under the Data Protection Act. A privacy notice detailing how we use information about you and how we protect your privacy can be found on our website.

I have read the Information in the School Admissions Policy and understand that the application is subject to the terms and conditions outlined in this document. I hereby declare that the information given by me on this form is accurate and complete to the best of my knowledge and I will inform you of any alteration in the particulars given. I can confirm that I have parental responsibility for the pupil and have obtained the agreement of all other persons who have parental responsibility for the pupil to make this application **Yes/No** (***please select***)

Full name of Parent/Carer (please print) Miss, Ms, Mrs, Mr	
Relationship to child (e.g Mother/Father/Corporate Parent)	
Email address:	Contact Number(s):
Home address (if different from the child's)	
Signature:	Date: