

TORFAEN EDUCATION SERVICE

ADMISSION TO THE RECEPTION YEAR GROUP WITHIN A PRIMARY SCHOOL SEPTEMBER 2021

SECTION 1 PERSONAL DETAILS

Child's Forename(s) (Print) Child's Surname.....

Male Female

Date of Birth...../...../.....

Child's permanent home address:

Post Code:

(Confirmation of the child's home address must be provided)

Parents permanent address if different from the child's

Has your child been seen/or is due to be seen by an Educational Psychologist? Yes No

If 'Yes' please give details

Has your child got a medical condition? If yes please provide supporting medical evidence from a consultant specifying the medical advantage of your child attending the preferred school Yes No

Does your child currently attend a council run nursery class, private nursery or playgroup? Yes No

If 'Yes' please state the name of the establishment.....

Please indicate if your child is a Service Child (Parent's currently serving or have served within the past six years in the Army, RAF, Royal Navy or as a Reservist) Yes No

Please indicate if your child is currently registered as being in the care of Local Authority e.g are they Fostered or a Looked After Child or have they ever been? If Yes please state the Corporate Parent and the name of the Social Worker. Yes No

SECTION 2 SCHOOL PREFERENCE

Please indicate below your preferred school(s) in order of preference. You may express more than one preference and state a reason for your preference(s). 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
Reason(s)

2nd choice of school
Reason(s)

3rd choice of school
Reason(s)

SECTION 3 SIBLINGS

Will your child have an older brother and/or sister (including step siblings) at any of the School(s) you have listed in Section 2 in September 2021 residing at the same address. If 'Yes' please specify the child's:-

NAME	DATE OF BIRTH	SCHOOL
.....
.....

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SECTION 4 LEGAL GUARDIAN

Are you the child's legal guardian? Yes No

If 'NO' please confirm details of the legal guardian below and your relationship to the child:

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SECTION 5 DECLARATION

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.

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: www.torfaen.gov.uk.

Full Name Parent/Carer (print)

Miss, Ms, Mrs, Mr Ms.....

Relationship to child.....

Signature.....Date

Mobile NumberHome Telephone Number

Work Telephone Number.....Email Address.....

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 delete)

**PLEASE RETURN TO THE HEADTEACHER OF YOUR CHILD'S FIRST CHOICE OF SCHOOL
NO LATER THAN WEDNESDAY 13TH JANUARY 2021, BY 12PM (NOON)**

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SECTION 5 TO BE COMPLETED BY SCHOOL ONLY

Date application received.....

Date of Birth verified Yes/No Date:.....

Child's Home Address verified Yes/No Date:.....