

# TORFAEN EDUCATION DEPARTMENT

## ADMISSION TO SECONDARY SCHOOL SEPTEMBER 2024 PARENTAL RETURN FORM

### SECTION 1 PERSONAL DETAILS

Child's legal name.....Male ☐ Female ☐

Date of birth.....

Child's permanent home address.....Post Code.....

Parent's permanent address (if different from the child's).....

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

Primary school currently attending.....

Please indicate if your child is in a Special Needs Resource Base at this School Yes ☐ No ☐

Please indicate if your child has a Statement of SEN / LA Individual Development Plan(IDP) / School IDP Yes ☐ No ☐

Please specify .....

Please indicate if your child is currently registered as being in the care of a 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 ☐

**Corporate Parent/ name of the Social Worker** .....

Does your child have a medical condition? Yes ☐ No ☐

**If Yes please provide supporting medical evidence from a Consultant, specifying the medical advantage for attending a specific school**

Please indicate if your child is a Service Child Yes ☐ No ☐

**(parent(s) currently serving or have served within the past six years in the Army, RAF, Royal Navy or as a Reservist)**

### 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.....

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 2024 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 LEGAL GUARDIAN

Are you the child's legal guardian? Yes ☐ No ☐ If No please provide details of the legal guardian below and your relationship to the child

### 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 authorities 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](http://www.torfaen.gov.uk).

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 PARENT/CARER (print)** Miss, Ms, Mrs, Mr.....

Relationship to child.....Telephone Number(s).....

Email address.....

Signature.....Date.....