

In-year primary application form

Academic Year 2023-2024

Complete this form if you are applying for a mainstream school place in Enfield. Completed forms must be returned by email to esas@enfield.gov.uk or posted to Enfield Schools Admission Service, Civic Centre, Silver Street, Enfield, EN1 3XA. Please note you must provide documentation to confirm your child's date of birth and your home address. If sending by post please send photocopies and not original documents. *If you do not provide the documentation required, your application for a school place could be delayed.* **Do not complete this form if your child has an Education, Health and Care Plan (EHCP),** you will need to contact the SEN Team for advice.

Please save the document to your device before completion. You can then email the form as an attachment.

Reason for Application – please tick one of the following

- I am moving to another part of Enfield
- I am moving into Enfield from elsewhere in the UK
- The child has arrived from abroad
- I wish to transfer my child from their current school in Enfield to another school in Enfield. **Please note that if you tick this box you must state your reasons in section 6.** Your child must remain at their current school until you receive a firm offer of an alternative school place and a start date has been agreed

1 Child's details

Surname _____		First Name _____	
Date of birth _____	Gender (please tick)	male <input type="checkbox"/>	female <input type="checkbox"/>
Current home address _____		Year group _____	
_____		Postcode _____	
How long has the child lived at this address _____ years _____ months			
<i>This must be the address where the child is currently living at. If parents share custody please attach full details to the application.</i>			

2 Parents'/carers' details

Title (please tick) Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Initial _____	Surname _____
Relationship to child - Mother <input type="checkbox"/>		Father <input type="checkbox"/>	Other (please state) <input style="width: 150px; height: 20px;" type="text"/>		
Home tel no _____		Mobile tel no _____			
Email address _____					
Do you have parental responsibility (please tick) yes <input type="checkbox"/> no* <input type="checkbox"/>					
*If no please give details below of the person with parental responsibility and confirm that they have given their agreement to the application being made (full details of this area is given in the notes for guidance): _____					
Is the child living with you under a private fostering arrangements? (Please tick) yes <input type="checkbox"/> no <input type="checkbox"/>					
<small>(This is where a child under the age of 16 (or 18 if disabled) lives for 28 days or more with an adult who is not a close relative, ie not a parent, grandparent, sibling, aunt or uncle of stepparent)</small>					

7 Exclusions

Has your child been excluded from any school, either fixed term or permanent exclusion? **yes** **no**

If yes please give details of the school (s) and the reasons for the exclusion(s):

8 School preferences in the borough of Enfield

Please write the names of the schools you wish to apply for in Enfield. You must list the schools in the order you prefer them. You may wish to give reasons for your preference for these schools, ie, if your child has an exceptional medical condition which you think requires them to attend a particular school. Information to support this must be provided at the time the application is submitted. If a parent works at one of the schools requested please state this is the reason for preference box. **You must apply directly to Ark John Keats Academy and One Degree Academy. Please do not list them on this form.**

Full name and address of school	Name and date of birth of any brother or sister already attending	Reason for preference
1 st Preference	First Name	<input type="checkbox"/> Tick box if medical information is attached Other reasons:
	Surname	
	Date of birth	
2 nd Preference	First Name	<input type="checkbox"/> Tick box if medical information is attached Other reasons:
	Surname	
	Date of birth	
3 rd Preference	First Name	<input type="checkbox"/> Tick box if medical information is attached Other reasons:
	Surname	
	Date of birth	
4 th Preference	First Name	<input type="checkbox"/> Tick box if medical information is attached Other reasons:
	Surname	
	Date of birth	
5 th Preference	First Name	<input type="checkbox"/> Tick box if medical information is attached Other reasons:
	Surname	
	Date of birth	
6 th Preference	First Name	<input type="checkbox"/> Tick box if medical information is attached Other reasons:
	Surname	
	Date of birth	

9 Medical

If you have ticked that you wish to apply under the medical criterion for one or more of the schools listed please ensure you have provided supporting information from a medical professional to support this. You also need to let us know why you feel this school is more appropriate for your child. More information is on the website at www.enfield.gov.uk/admissions

10 Declaration and signature of parent/carer

I confirm that I have parental responsibility for this child and the information given is true to the best of my knowledge and belief. I understand that false or deliberately misleading information given on this form or in supporting information may render this application invalid and any place offered may be withdrawn, even if the child has started school.

Note: If you knowingly give false information in order to obtain a particular school place your actions will be investigated with a view to civil or criminal proceedings being taken against you under the Fraud Act 2006 or any other relevant enactment.

Parent/carer signature _____ Date _____

Data collection notice: Data Protection Act 1998. In accordance with the Data Protection Act 1998, the information you have provided to Enfield Council will be used to assist with your child's admission to school. The Council has a legal obligation to protect public funds. We may, therefore, share the information you have provided with other departments in the authority and with other similar bodies, for the detection and prevention of fraud.

Important Information

Checklist:

Before returning this form, please ensure that you have:

- Attached photocopies of documentation to confirm both your child's date of birth and your home address. Documents to confirm your address can include council tax bill, rental agreement or recent utility bill. **If this information is not provided there will be a delay in your application being processed.**
- Enclosed supporting information where appropriate if you want your child considered under the medical criterion. If this information is not provided it will not be possible to consider your child under this criterion. Full details are on the council website at www.enfield.gov.uk/admissions.
- Completed a supplementary information form (SIF) if applying for a Voluntary Aided (faith) School, as they often require a SIF form to be completed. Please refer to the schools website and if necessary complete the form and return these directly to the schools concerned.

If you have requested a place at an own admission authority school or an out borough school, these preferences will not be processed and you will need to contact the schools directly.

Please return the completed form by email to esas@enfield.gov.uk or post to:

Enfield Schools Admission Service
Civic Centre, Silver Street, Enfield EN1 3XA

Please refer to the notes for guidance when completing the application form.

A full list of the names and addresses of the schools in Enfield are available on the council website www.enfield.gov.uk/admissions.