ADMISSION APPLICATION FORM

Surname:		**Date of Birth:**	
First Name(s):		**Gender:**	**M** ☐ **F** ☐
Current School:			

ADDRESS AT WHICH PUPIL IS RESIDENT During the admissions procedure you **must** notify School Admissions Team in writing of any change of home address. Where a place is offered based on the address given on the preference form but it is subsequently found to have changed because you have moved home, the place may be withdrawn. Places offered on the basis of fraudulent or intentionally misleading information will be withdrawn. **Your statutory right of appeal will not be affected.**

Post Code:	**Telephone:**

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

Title:	**Initials:**	**Surname:**	**Daytime Telephone No:**
Address (If different from Pupil's address):			
Email Address(es):			

Title:	**Initials:**	**Surname:**	**Daytime Telephone No:**
Address (If different from Pupil's address):			
Email Address(es):			

Names of preferred schools. Applications for any schools outside Swansea Local Authority will need to be made to the relevant Authority.

Please state 3 preferences in ranked order. (Do not include fee-paying Independent schools)

Example	***Pentrehafod Comprehensive School***
1st Preference	<Select 1st Preference School>
2nd Preference	<Select 2nd Preference School>
3rd Preference	<Select 3rd Preference School>

VOLUNTARY AIDED SCHOOLS

If you have stated a preference for a Voluntary Aided (VA) School **you should also contact the VA school** as additional information may be required in support of your application.

Please tick any of the following reasons applicable to each of your choice of schools.

Reasons:	1st Pref	2nd Pref	3rd Pref
Sibling *(brothers and sisters)(please provide details below)*	☐	☐	☐
Catchment Area (*where Catchment Area applies)*	☐	☐	☐
Distance *(home to preferred school)*	☐	☐	☐

PLEASE STATE ANY OTHER REASON FOR YOUR CHOICE

Please include here any further information which you consider may be relevant to your preference(s). You may wish to make separate statements in support of each of your preferences. Please provide full details of dual residency.

SIBLINGS

A brother or sister will be defined as a natural or legally adopted child of either parent living at the same address.

Name of Sibling	School	Yr Group	Date of Birth

Does your child have a **Statement of Special Educational Needs**?	**Yes** ☐	**No** ☐
Is the child **"Cared for" by a Local Authority** (*in care to Social Services)*? If yes please state which Local Authority.	**Yes** ☐	**No** ☐

PARENT'S/CARER'S DECLARATION

I declare that all the information which I have provided is true. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I have read the Council's information booklet on admissions.

Signed : ..... **Date:** .....

Council Tax reference number :

PLEASE RETURN THIS FORM TO: A&TSupport@swansea.gov.uk or School Admissions, School & Governor Unit, City and County of Swansea, Civic Centre, Oystermouth Rd, SWANSEA, SA1 3SN.

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 local authorities.

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 you may be contacted to provide additional information.