

SECTION 2

CHILD'S DETAILS

Child's surname	Date of birth	
Child's forename(s)	Gender (Please circle)	Current Year Group
	MALE / FEMALE	

Does your child currently live at the above address?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, since when?		
Are you moving?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, when and where to? (You will be required to provide proof of your address)		

SECTION 3

FURTHER INFORMATION

Please indicate below by ticking the relevant boxes if any of the following are relevant to your child and this application and attach any relevant supporting documentation	
<input type="checkbox"/>	Does your child have an Education, Health and Care Plan?
<input type="checkbox"/>	Is your child in the care of a Local Authority (Looked After Child)? Or has your child been previously looked after but ceased to be so because they were adopted (Or became subject to a child arrangements order or special guardianship order) immediately following having been looked after? If you answer YES to either of these questions, you must attach all relevant documentation with this application. Please state the name of the Local Authority
<input type="checkbox"/>	Is your child from a UK Service Personnel family? If you answer YES please attach all relevant
<input type="checkbox"/>	Has your child ever been permanently excluded from a school? School(s)

Additionally, does your child fulfil any of the following?	
<input type="checkbox"/>	Children from the criminal justice system or Pupil Referral Units who need to be reintegrated into mainstream education
<input type="checkbox"/>	Children who have been out of education for two months or more
<input type="checkbox"/>	Gypsy, Roma or Traveller children
<input type="checkbox"/>	Refugee and asylum seeker children
<input type="checkbox"/>	Homeless children
<input type="checkbox"/>	Children with unsupportive family backgrounds where a place has not been sought
<input type="checkbox"/>	Young carers
<input type="checkbox"/>	Children with special educational needs, disabilities or medical conditions (but without a Health and Care Plan)
If you have ticked any of the above questions you must attach all relevant supporting information. It may be necessary to forward your application to the Fair Access Panel.	

SECTION 4

PREFERENCE

OAKLANDS JUNIOR SCHOOL	
Reason:	
It is in your child's best interest for you to visit this school before submitting your application	
Please give details of any other children living at the main address already attending the above school	
Full name	Date of Birth

SECTION 5**SCHOOL HISTORY**

Please list all schools your child has attended			
FROM	TO	NAME OF SCHOOL	LOCAL AUTHORITY

CURRENT OR LAST ATTENDED SCHOOL
Name of School
Address
Telephone number
Date last attended
Headteacher signature
Comments:

SECTION 6**DECLARATIONS**

I understand that the information contained in this form is subject to GDPR (*General Data Protection Regulation*) and my personal data may be exchanged with other Local Authorities, Admissions Authorities, Schools and Government Agencies where necessary.

I understand that any offer of a school place will be based on the information I provide is accurate and correct and that the Admission Authority reserve the right to withdraw any school place offered if I give false or misleading information.

I certify that I have parental responsibility for the child named on this form and that the information I have given is correct.

I have read and understood the admissions arrangements and have completed and submitted any additional forms which may be required.

I understand if I am applying for a school place under the designated area criteria I will be required to supply proof of my address to The Corvus Trust to verify my home address. It is my responsibility to satisfy The Corvus Trust that I live at the address that is stated on the form.

Signature of Parent/Carer

Date

The fully completed form must be returned to the following address:

Scan and email it to:

admin@oaklands-jun.wokingham.sch.uk

Or post it to:

Oaklands Junior School
Butler Road
Crowthorne
Berkshire
RG45 6QZ

If you have any queries, please call the school office on: 01344 773496