

In-year admission to a primary school in Kingston upon Thames

For a place in the current Reception Year through to Year 6 at a primary school in Kingston upon Thames. Before you complete this form, please read the 'Admission to Kingston's Primary Schools' brochure which is available at www.kingston.gov.uk and ensure you enclose copies of any relevant documents.

If your child has an education, health and care plan (EHCP), **do not complete this form** and contact your special educational needs caseworker.

Section 1 – Your child's details					
Child's surname:			Date of birth:		
			Year group:		
Child's first name(s):			Gender (please circle):		
			Boy Girl		
Child's home address:					
You and your child must be p	permanently resident at th	nis address before submi	tting this application		
Post code:					
Date moved to this addres		Date the child moved	to this address:		
Child's previous address (if	child has moved within	two years):			
Post code:					
Date left this address:					
Section 2 – Your details					
Title:	Surname:		First name:		
Relationship to child	Home phone:	Mobile:	Email address:		

Section 3 – Your child's educational history	ease circle)		
Is your child currently, or previously, the subject of a Child Protection Plan?	Yes	No	
Have any other services been working with the child? (Please give details)			
Is your child in the care of a local authority (children looked after) or were t	hey in care	Yes	No
prior to adoption?			
If yes, please state which local authority: (Please enclose a letter from the s	ocial worker con	firming th	nis)
If your child was previously in the care of a local authority and has since bee	en adopted, or su	ubiect to a	a child
arrangements order or special guardianship order, please enclose supportir	•	-	
Please see the 'Admission to Kingston's Primary Schools' brochure for furth	er information.		
Please list the schools your child has attended previously (starting with the	current or last so	hool) inc	luding
schools in other countries, giving the name, address and phone number.	carrent or last st	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Juding
School name and address:	Date started:	Date le	ft:
		Date le	
Post code:			
Phone number:			
Country:			
Reason for leaving: School name and address:	Date started:	Date le	f+.
School hame and address.	Date started.	Date le	ιι.
Doct code:			
Post code: Phone number:			
Country:			
Reason for leaving: If your child is currently attending a local school, please explain your reason.	one for requestir	ng a trans	for
Your child must continue to attend the school while the transfer is being of	•	_	
on a separate sheet if necessary).	•	,	

You must only list schools in Kingston upon Thames (not private schools). Please check if the schools you are applying for require a supplementary information form to be completed.					
First preference					
School name:					
Details of any sibling:	Surname:	First name:	Date of birth:	Year group:	
Reason for preferen	ce (optional):		,		
Second preference	2				
School name:					
Details of any sibling:	Surname:	First name:	Date of birth:	Year group:	
Reason for preferen	ce (optional):		,		
Third preference					
School name:					
Details of any sibling:	Surname:	First name:	Date of birth:	Year group:	
Reason for preference (optional):					
Fourth preference					
School name:					
Details of any sibling:	Surname:	First name:	Date of birth:	Year group:	
Reason for preference (optional):					
Request for exceptional reasons priority					
If there are any exceptional family, social or medical reasons why this child should attend one of the schools named above, please indicate below. You must provide independent professional evidence to support your request . (Please see the 'Admission to Kingston's Primary Schools' brochure for more information).					
Please state which school you wish these reasons to be considered for:					

Section 4 – Your preferred schools

Are you awaiting the outcome of any applications for schools outside Kingston upon Thames? If so, please name the schools you have applied for below:					
Do you require a school place imme	diately?			Yes	No
If no, please explain:					
Please note we cannot 'hold' places available.	for pupil	s. Your c	hild will be expected to start as soon a	s the pla	ce is
Section 5 – Children who are nev	wly arriv	ed in th	e UK		
passport or appropriate visas before	your ap	plication	d the UK. You will need to supply a cop can be processed. Please note that yo ace immediately before an applicatior	u must b	oth be
Child's date of entry to the UK:			Child's country of origin:		
How long will your child live in the U	JK?		What is your child's first language?		
Does your child speak English?	Yes	No	If English is your child's second language, will they need help with this in school?	Yes	No

The headteacher of your child's current or previous school (if within the UK) must complete this section before you return the form.

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name	ΟI	SCHOOL	••••••

Section 6 (a) – School ba	ackground information	– To be completed by the	curre	nt or prev	ious	
Child's name:		Date of Birth:		Year:		
UPN:		Eligible for free school me	eals:	Yes	No	
Date on roll at your school	:	Is the child still on roll at y school?	your	Yes	No	
EYFS GLoD	Year 1 Phonics	Key Stage1	Curre	ent attainm	ient	
Section 6 (b) – Special E	ducational Needs (SEN)					
Is the child on the SEN Reg	ister? (please circle)			Yes	No	
If yes, what stage?				1		
Stage:		Additional support	S	Statement,	EHCP	
Has the child been receiving any additional SEN support? (please specify)						
Section 6 (c) – Attendan						
	er of sessions absent (to t	he date this form is complet	ed) for			
Current academic year:	· · · ·					
What may have affected attendance?						
Section 6 (d) – Involvem	ent of other services					
Please indicate if the child	has received support from	n the following: (please circle	9)			
Social Care/Safeguarding Family Support CAMHS			ИHS/FACT			
Educational Psychology Education Welfare Youth Offer			ffending T	eam		
Other:						
Has a Common Assessment Framework (CAF) been completed?				Yes	No	

Section 6 (f) — General questions What are the reasons for the transfer request or the reasons for leaving? If not as a result of a change of address, how do you believe a change of school will make a difference to any current issues? What strategies have been put in place to support the pupil in your school? What strategies would you advise the receiving school to put in place? Are there any educational areas of concern (such as reading, writing, communication)? Is there any other information to enable us to consider appropriate provision for this pupil (such as domestic situation or other external factors)? Thank you for completing this form, please give your details below should we require any further information to assist with this application.	Section 6 (e) – Details of any exclusions					
What are the reasons for the transfer request or the reasons for leaving? If not as a result of a change of address, how do you believe a change of school will make a difference to any current issues? What strategies have been put in place to support the pupil in your school? What strategies would you advise the receiving school to put in place? Are there any educational areas of concern (such as reading, writing, communication)? Is there any other information to enable us to consider appropriate provision for this pupil (such as domestic situation or other external factors)?	Date	Length	Reason			
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וווסרווומנוסוו נט מססוסג שונוו נוווס מאףוונימנוסוו.						
Name: Title:	Name:		Title:			
Phone: Email:	Phone:		Email:			
Date	Date					
	Date					

Please make sure that all six sections of this form have been completed, as incomplete forms may result in a delay.

Declaration and signature of parent or carer

I have read, understood and agree to AfC's data use and privacy policy

I confirm that the information I have given on this form is true and correct. I have provided the documentary evidence requested and will provide additional information if required.

I understand that Council records will be checked to confirm the address I have given on my application is my main home address and that further evidence may be sought from schools or any other source that the council considers appropriate if there are any doubts about the address.

I understand that any false or deliberately misleading information given on this form could lead to the withdrawal of an offer of a primary school place for my child and could lead to legal action.

I have read and understood the admission procedures set out in the 'Admission to Kingston's Primary Schools' brochure.

www.achievingforchildren.org.uk/privacy-notice and agree to its terms and conditions
(a paper copy can be provided on request).

Date of birth
Please provide a copy of one document as proof of your child's date of birth (birth certificate/passport). Please do not send original documents.

Address
If you are not a Kingston resident you must provide proof of your address, for example, a current council tax bill.

Signature of parent or carer:

Date:

Outcome of application

All your preferences will be considered at the same time, regardless of the preference order. A letter will be sent within 20 school days to let you know the outcome of your application.

Please complete and return this form to: School Admissions Achieving for Children Guildhall 2 Kingston upon Thames KT1 1EU

(Office use only)				
Address check Date	Initials			
Ref to school Start date	e arranged			
Home LA informed				