## **COMMON APPLICATION FORM (SECONDARY)**

Starting Year 7 in secondary school in September 2025 Children normally born 1 September 2013 to 31 August 2014

Please read the notes carefully before completing this form.

Please complete in CAPITAL LETTERS

Please photograph/scan this completed form and email to:

admissions.schools@oxfordshire.gov.uk

Or post to School Admissions Team at: County Hall, New Road, Oxford, OX1 1ND



Closing date for Form

**31 OCTOBER 2024** 

SECTION 1: Child's	details										
Legal Surname					First	Name					
Known by a different surname? Please state it here					Middle	Names					
							Male /	Female			
								Date of Birth			
Address							Day	Month	Year		
	Postcode										
Your child's current Prima								<u> </u>			
Tour crina 3 carrent i filme	ary or ourne	01 3011001									
SECTION 2: Parent (	Applica	nt) detail	s								
Name (a) of parent / seren	living of	(Title Prefix	k, e.g. Mr/Mr	rs/Miss	/Ms etc)						
Name(s) of parent / carer living at home address in Section 1											
Relationship to child											
Email address											
Home telephone number		Alternative telephone number (e.g. mobile)									
		(Title Prefix	k, e.g. Mr/Mr	s/Miss	/Ms etc)						
Name(s) of other person with parental responsibility for the child in Section 1			<u> </u>		,			l			
Address (if different from address in Section 1)											
Relationship to child											
Email address											
Home telephone number						e telephone e.g. mobile)					

			Child's Name						
SECTION 3: Your preferences									
Use the boxes below to list up to child to attend first in the list. If y								mos	t like your
First (1st) Preference School						Sch	ool Code	No.	Office Use
Any older brothers or sisters atte this school? Please give name(s date(s) of birth here	_	Name			Name		<u> </u>		
Reasons for your prefe You can use Section 4 if you no					DoB				
Second (2nd) Preference Scho	ol					Sch	ool Code	e No.	Office Use
						T			
Any older brothers or sisters atte	_	Name			Name		I I		
date(s) of birth here		DoB			DoB				
Reasons for your prefe You can use Section 4 if you no									
Third (3rd) Preference School						Sch	ool Code	e No.	Office Use
Any older brothers or sisters atte this school? Please give name(s	~	Name			Name			1	
date(s) of birth here		DoB			DoB				
Reasons for your prefe You can use Section 4 if you ne									
Fourth (4th) Preference School						School Code No. Office Use			
Any older brothers or sisters atten this school? Please give name(s)		Name			Name		l I		
date(s) of birth here		DoB			DoB				
Reasons for your preference. You can use Section 4 if you need more space									
Applying for any of the above solution change and tell us the new address by 14 N	ess in t	the space b	elow (if you have n	ot already to	old us in Sect	ion 1			
New address from	date								
N. Address									
New Address									
	Post	tcode							

SECTION 4: Extra Information			
Child has an Education, Health & Care Plan?	YES/NO	If YES, which Authority maintains this Plan?	
Child is 'looked after' or was previously 'looked after' by a Local Authority or was in state-care outside the UK?	YES/NO	If YES, tell us the name of your child's social worker and the Authority (or Country)	
Moving as a new posting as Service or Crown Servant personnel?	YES/NO	If YES, tell us the date of your posting	
Child eligible for Service Pupil Premium (SPP)?  Check online:  https://tinyurl.com/OxonSPP	YES/NO	If YES, you will need to provide evidence	
Use this space to give further reasons for any of the preferences you have listed in Section 3.  These can include philosophical reasons, reasons relating to your religion or that of your child, or reasons which you think are relevant to one or more of the published admissions rules for the school(s)			
SECTION 5: Additional information for Some schools will want to see proof that your child of your child's baptismal certificate or a letter from forward it to all relevant schools on your behalf.	l is of a pa	rticular faith and/or has been bapti	ised and/or will want a copy
My child is of the following faith/denomination			
My child has been baptised At (location)			
Some schools have a supplementary form (SIF) th you send a SIF with this form, the Council will send			olete your application. If
My child is a child of a member of staff who works at the school (name of school, name of staff member and their job)			
Child has a disability as defined in the Equality Act 2010? Or your child (or your family) has exceptional medical or social needs?  You need to provide written evidence from the appropriate professional person involved with your family	YES/No	O Information:	
Child eligible for Pupil Premium or Service Pupil Premium? You will need to provide evidence of this		YES/NO	

Child's Name

	Child's Name					
SECTION 6: Information and Declaration						
Please read the important information below and the declaration before you sign and date.						
<ul> <li>The co-ordinated admissions scheme allows for a maximum of one school to be offered to the child whose details are in Section 1.</li> </ul>						
•	Subject to the availability of places and the application of the over subs	ecription critoria for the professed				

• Subject to the availability of places and the application of the over-subscription criteria for the preferred school(s), the preference(s) listed in Section 3 will be complied with and a place at the highest preferred school will be offered (unless this is not possible because there are no places available or there is a greater number of applicants that have a higher priority for a place using the admissions rules).

• If a place cannot be offered at any preferred school(s), and the child lives in Oxfordshire, a place will be offered instead at the nearest school that has places not offered to other children.

Dloogo n	oto that if you dolik	parataly give foliae information, ve	our shild's offer of a school r	Jaco may be withdrawn			
Please n	Please note that, if you deliberately give false information, your child's offer of a school place may be withdrawn						
	All the information I have given on this form is correct to the best of my knowledge.						
		I am giving my consent that Oxfons purposes and can share it with		•			
		Oxfordshire County Council will I rity that receives this information	•				
	I understand that Oxfordshire County Council will securely destroy this form no later than August 2026.						
	I understand that Oxfordshire County Council will keep an electronic record of the content of this form until August 2030, after which time the electronic record of the content of this form will be destroyed.						
	I understand that I have the right to request the electronic record of the content of this form to be deleted before August 2030.						
	I understand that I can request a copy of the electronic record that Oxfordshire County Council holds about the application that has been made on behalf of the child whose details are in Section 1 before August 2030 unless I have requested the information deleted before this date.						
(Tick to confirm you have read and agree to these statements)							
Signature				Date			