COMMON APPLICATION FORM (PRIMARY)

Starting Reception year group in the 2025/26 academic year Children normally born 1 September 2020 to 31 August 2021

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

15 JANUARY 2025

SECTION 1: Child's details								
Legal Surname				First	Name			
Known by a different surname? Please state it here				Middle Names				
						Male /	Female	
							Date of B	
Address						Day	Month	Year
	Pos	Postcode						
Your child's current Nurs	sery or Pre	-School						
SECTION 2: Parent ((Applica	nt) detail	S					
Name(s) of parent / carer living at home address in Section 1		(Title Prefix	c, e.g. Mr/Mrs/Miss	/Ms etc)				
Relationship to child								
Email address								
Home telephone number					e telephone e.g. mobile)			
		(Title Prefix	k, e.g. Mr/Mrs/Miss	/Ms etc)				
Name(s) of other person with parental responsibility for the child in Section 1		(**************************************	,				I	
Address (if different from address in Section 1)								
Relationship to child								
Email address								
Home telephone number					e telephone e.g. mobile)			

SECTION 3: Your preference	es						
Use the boxes below to list up to four your child to attend first in the list. If you							d most like
First (1st) Preference School						ode No.	Office Use
Any older brothers or sisters attending this school? Please give name(s) and	i Niama		Name				
date(s) of birth here	DoB		DoB				
Reasons for your preferenc You can use Section 4 if you need m							
Second (2nd) Preference School				Sch	ool C	Code No.	Office Use
Any older brothers or sisters attending this school? Please give name(s) and	i Nama		Name				
date(s) of birth here	DoB		DoB				
Reasons for your preferenc You can use Section 4 if you need m							
Third (3rd) Preference School				Sch	ool C	Code No.	Office Use
Any older brothers or sisters attending this school? Please give name(s) and	i Niama		Name				
date(s) of birth here	DoB		DoB				
Reasons for your preferenc You can use Section 4 if you need m							
Fourth (4th) Preference School				Sch	ool C	Code No.	Office Use
Any older brothers or sisters attending this school? Please give name(s) and	'I Nama		Name				
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 schools change and tell us the new address in proof of the new address by 29 Janua	the space b	pelow (if you have not already to	ld us in Sect				
New address from							
New Address							
Pos	stcode	I					

Child's Name

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	
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) to you send a SIF with this form, the Council will send			omplete your application. It
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 Further	O Information:	
Child eligible for Pupil Premium or Service Pupil Premium? You will need to provide evidence of		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.

- The co-ordinated admissions scheme allows for a maximum of one school to be offered to the child whose details are in Section 1.
- 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 at the nearest available school with a place instead.

Please no	ote that, if you delib	erately give false inf	ormation, your c	hild's offer of a sc	hool place may b	e withdrawn
	All the information	I have given on this	form is correct t	to the best of my k	knowledge.	
	I understand that attached to a scho		Reception place	for my child eve	n if my child alre	eady attends a nursery
	I understand a pla	ce will be available i	n September 20	25 and my child w	vill be entitled to s	start full-time.
		ldren born betweer and/or defer starting	•		•	attend part-time from
		ren born between 1 ng school until April 2	•	March 2021 may	attend part-time	from September 2025
		dren born between 1 ng school until April 2	•	-	attend part-time	from September 2025
				•	•	the information in this horities for admissions
			•	•	•	nd that any agency or keep this information
	I understand that 0	Oxfordshire County (Council will secu	rely destroy this fo	orm no later than	August 2026.
		Oxfordshire County rwhich time the elec				ntent of this form until troyed.
	I understand that I August 2032.	I have the right to red	quest the electro	onic record of the	content of this for	rm to be deleted before
	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 2032 unless I have requested the information deleted before this date.					
Tick to c	onfirm you have rea	ad and agree to thes	e statements)			
S	Signature				Date	