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

Starting Year 7 in state-funded secondary school in September 2026 Children normally born 1 September 2014 to 31 August 2015

Read the notes carefully before completing this form.

**Complete in CAPITAL LETTERS** 

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 2025** 

SECTION 1: Child's	details							
Legal Surname				First	Name			
Known by a different surname? Tell us here				Middle	e Names			
				•		Male /	Female	
							Date of B	
Address						Day	Month	Year
	Pos	tcode						
Your child's current Prim	ary or Juni	or school						
SECTION 2: Parent	(Applica	ınt) detai	ls					
Name(s) of parent / carer living at home address in Section 1		(Title Prefix	κ, e.g. Mr/Mrs/Mis	s/Ms etc)				
Relationship to child								
Email address								
Home telephone number					e telephone e.g. mobile)			
Name (a) of other name	ما المناب ما	(Title Prefix	κ, e.g. Mr/Mrs/Mis	s/Ms etc)				
Name(s) of other person with parental responsibility for the child in Section 1							J	
Address (if different from address in Section 1)								
Relationship to child								
Email address								
Home telephone nun	nber				e telephone e.g. mobile)			

SECTION 3: Your prefe	erenc	es						
List up to four schools you wou child to attend first in the list. If will get to the school(s).		•			-			•
First (1st) Preference School					Sch	ool C	ode No.	Office Use
Any older children attending school? Tell us name(s) and do		Name		Name				
of birth here	` ,	DoB		DoB				
Reasons for your pred You can use Section 4 if you r								
Second (2nd) Preference Scho	ool				Sch	ool C	Code No.	Office Use
Any older children attending school? Tell us name(s) and da		Name		Name				
of birth here	(- )	DoB		DoB				
Reasons for your pre You can use Section 4 if you r								
Third (3rd) Preference School					Sch	ool C	Code No.	Office Use
Any older children attending this school? Tell us name(s) and date(s) of birth here		Name		Name				
		DoB		DoB				
Reasons for your pre You can use Section 4 if you r								
Fourth (4th) Preference School	N.				Sah	ool C	Code No.	Office Use
1 outin (4iii) i reference ochoc	)i				SCI	1001	Joue No.	Office Use
Any older children attending school? Tell us name(s) and do		Name		Name				
of birth here		DoB		DoB				
Reasons for your pre								
You can use Section 4 if you r	neea m	ore space						
Applying for the above school change and tell us the new adneed proof of the new address 2026).	dress i	n the space	e below (if you have not all	ready told us in	Sect	ion 1	1 or 2 al	bove). We
New address from	date							
New Address								
New Address								
	Pos	tcode						

Child's Name

	Child's Na	ame				
SECTION 4: Extra Information						
Child has an Education, Health & Care Plan?	YES/NO	If YES, v	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	child's	tell us the name of your social worker and the thority (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)						

Some schools will want to see proof that your child is of a particular faith and/or has been baptised and/or will want a copy of your child's baptismal certificate or a letter from a religious leader. If you send evidence with this form, the Council will forward it to all relevant schools on your behalf.

My child is of the following	ng faith/denomination	
My child has been baptised	On (date)	
	At (location)	

Some schools have a supplementary form (SIF) they will want you to fill in and provide to complete your application. If

you send a SIF with this form, the Council will sen	they will want you to fill in and provide to complete your application. If d it to the school on your behalf.
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 Information:
Child eligible for Pupil Premium or Service Pupil Premium? You will need to provide evidence of this	YES/NO

Child's	Name				
Declaration					
nd the declaration before you sign and date.					
scheme allows for a maximum of one school to be offered to the child whose					

## **SECTION 6: Information and**

Read the important information below ar

- The co-ordinated admissions 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 instead at the nearest school that has places not offered to other children.

NOTE,	if you deliberately gi	ive false information, your ch	ild's offer of a school place may	be withdrawn		
	All the information	n I have given on this form is	correct to the best of my knowledge	edge.		
	www.oxfordshi I have considere understand Oxfor	re.gov.uk/schooltrans d how I will make arranger	nents for my child to get to th	ort Policy online at ne school(s) listed in Section 3. I e provision or cost of free travel if		
	for admissions, t			rocess the information in this form hother agencies and admission		
	I understand that Oxfordshire County Council will keep this information securely and that any agency or admission authority that receives this information for admissions purposes will also keep this information securely.					
	I understand that	Oxfordshire County Council	will securely destroy this form n	o later than August 2027.		
	□ I understand that Oxfordshire County Council will keep an electronic record of the content of this form until August 2031, after which time the electronic record of the content of this form will be destroyed.					
	I understand that August 2031.	I have the right to request th	e electronic record of the conte	nt of this form 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 2031 unless I have requested the information deleted before this date.						
(Tick to	confirm you have re	ead and agree to these state	ments)			
	Signature			Date		