

COMMON APPLICATION FORM (SECONDARY)

Starting Year 7 in state-funded secondary school in September 2027

Children normally born 1 September 2015 to 31 August 2016

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:

Midland House, West Way, Oxford, OX2 0PH

Office Use Only

Date Received

Added ☐

Closing date for Form

31 OCTOBER 2026

SECTION 1: Child's details

Legal Surname		First Name			
Known by a different surname? Tell us here		Middle Names			
Address			Male / Female		
			Date of Birth		
			Day	Month	Year
	Postcode				

Child's current Primary/Junior school	
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SECTION 2: Parent (Applicant) details

Name(s) of parent / carer living at home address in Section 1 and having parental responsibility for the child in Section 1	(Title Prefix, e.g. Mr/Mrs/Miss/Ms etc)	
Relationship to child		
Email address		
Home telephone number		Alternative telephone number (e.g. mobile)

Name(s) of other person with parental responsibility for the child in Section 1	(Title Prefix, e.g. Mr/Mrs/Miss/Ms etc)	
Address (if different from address in Section 1)		
Relationship to child		
Email address		
Home telephone number		Alternative telephone number (e.g. mobile)

Child's Name	
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SECTION 3: Your preferences

List up to four schools you would like your child to attend in the boxes below. Put the school you would most like your child to attend first in the list. If you know the code for the school, write it in the boxes provided. Consider how your child will get to the school(s).

First (1st) Preference School				School 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 preference. You can use Section 4 if you need more space					

Second (2nd) Preference School				School 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 preference. You can use Section 4 if you need more space					

Third (3rd) Preference School				School 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 preference. You can use Section 4 if you need more space					

Fourth (4th) Preference School				School 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 preference. You can use Section 4 if you need more space					

Applying for the above school(s) because you will be changing address? Tell us when you expect your address to change and tell us the new address in the space below (if you have not already told us in Section 1 or 2 above). We need proof of the new address by 16 November 2026 for it to be used for allocation on National Offer Day (1 March 2027).

New address from date		
New Address		
	Postcode	

Child's Name	
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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 Own Admission Authority (OAA) schools

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 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 send 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 child (or 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

See overleaf for Declaration and Signature box

Child's Name	
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SECTION 6: Information and Declaration

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 applications with 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 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 confirm that I have sole parental responsibility (or joint parental responsibility and all those with parental responsibility have given their consent and agreement to the content of this form). *I understand that, if it is later found that there is not joint agreement between all those with parental responsibility, Oxfordshire County Council may cease processing this application and/or the offer of a school place may be withdrawn if it is considered it was gained fraudulently.*
- ☐ I have read Oxfordshire County Council's Home to School Travel and Transport Policy online at www.oxfordshire.gov.uk/schooltransport
I have considered how I will make arrangements for my child to get to the school(s) listed in Section 3. I understand Oxfordshire County Council may not accept responsibility for the provision or cost of free home to school transport if my child does not meet the eligibility criteria.
- ☐ I understand I am giving my consent for Oxfordshire County Council to process the information in this form for admissions, transport and pupil tracking purposes and to share it with other agencies and admission authorities for admissions purposes only.
- ☐ I understand Oxfordshire County Council will keep this information securely and any agency or admission authority receiving this information for admissions purposes will also keep this information securely.
- ☐ I understand Oxfordshire County Council will securely destroy this form no later than August 2028.
- ☐ I understand Oxfordshire County Council will keep an electronic record of the content of this form until August 2032, after which time the electronic record of the content of this form will be destroyed.
- ☐ I understand I have the right to request the electronic record of the content of this form to be deleted before August 2032.
- ☐ I understand 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.

By completing and signing this form you confirm you have read and have agreed to these statements.

Signature		Date	
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