

Secondary common preference form

Return by 31 October 2015

Please fill in both sides of this form using capitals and read all sections and the guidance before completing the form. You can return the form to your child's current primary school or to the Admissions Team.

Section 1 The child who is starting school.

Name and current address of child:	Your contact details:	Is the child in public care or fostered under an arrangement made by the local authority (Y/N)?	<input type="checkbox"/>
	Telephone no:		
	Mobile no:		
	Email:		
	Is the child Privately Fostered (this means do they live with a member of their extended family or someone without parental responsibility? If they live with a sibling/grandparent/aunt/uncle or step parent this is not private fostering) (Y/N)	<input type="checkbox"/>	If so, please give the name and phone number of the social worker:
			<div></div>
Date of birth:			
Gender (M/F):			
Child's current school code:	<div></div>	<div></div>	
If you are moving address in the future you must contact us at the time of your move and be able to provide suitable proof of your change of address.			
Please refer to the summary pamphlet on what we will accept as suitable evidence. We will only update your address once you have provided acceptable evidence of your house move.			

Section 2 Details of your older child.

If you would like your child, named in Section 1, to attend the same school as an older brother or sister you must complete this section and section 4. **The older child named in this section must still be in the school when the younger child starts.**

Code	Name of school
<div></div>	<div></div>

Older child's name:	Date of birth:	Gender (M/F):
<div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>

for example 03042002

Please refer to the summary pamphlet for information about brothers and sisters.

Section 3 If you wish you can use this space to tell us anything else that is important to your application, including any additional needs your child has, and why you have listed these schools as your preferences.

Section 4 List up to five schools, including your nearest Community, Voluntary Controlled, Voluntary Aided, Foundation school or Academy to avoid being placed outside your area.

If you are applying for a Catholic or Church of England Voluntary Aided secondary school you will also need to complete a Supplementary Information Form for that school. Have you filled in section 2 about older brothers and sisters?

Preference 1	<input type="text"/>	<input type="text"/>
Preference 2	<input type="text"/>	<input type="text"/>
Preference 3	<input type="text"/>	<input type="text"/>
Preference 4	<input type="text"/>	<input type="text"/>
Preference 5	<input type="text"/>	<input type="text"/>
Example	4501	PRINCE HENRY'S GRAMMAR SCHOOL

Please make sure you have read all the guidelines and filled in all the required sections of this form before returning it to the headteacher of your child's current school or to the Admissions Team.

If you have applied online at www.leeds.gov.uk you must not use this form.

Data Protection Act 1998

In accordance with the Data Protection Act 1998 we must inform you that by signing these forms you are giving your consent for Leeds City Council children's services to process the information detailed in this form for the purpose of school admission. This information may be shared not only with other areas within Leeds City Council such as social care, but also with other relevant professionals/bodies such as schools, the Department for Education and the NHS. This sharing will be done only where it is necessary to provide you with a school place or where we are legally obliged to do so and is strictly in accordance with the Data Protection Act.

Declaration

By signing below I confirm that I consent to Leeds City Council processing the information detailed in this form.

Full name of parent or carer

Signature of parent or carer

Relationship to child

Who else has parental responsibility?

Would you like them to be a named contact (Y/N)? ☐

By returning this form unsigned you are agreeing to Leeds City Council using the information detailed in this form for the purposes of offering you a place in a Leeds school.

Please note that failure to give correct information may result in any place offered being withdrawn.

SCHOOL STAMP

DATE AND INITIALS

This section is voluntary. Please tick the box below that best describes the ethnic origin, country of origin and first language of your child. This information will not be used to decide which school your child will go to. It will be used for statistical purposes only and neither you nor your family will be identified in any information.

1 Bangladeshi	<input type="checkbox"/>	9 Black Caribbean	<input type="checkbox"/>	17 Any other white background	<input type="checkbox"/>
2 Chinese	<input type="checkbox"/>	10 Any other black background	<input type="checkbox"/>	18 Mixed Asian and white	<input type="checkbox"/>
3 Indian	<input type="checkbox"/>	11 Gypsy Roma	<input type="checkbox"/>	19 Mixed black African and white	<input type="checkbox"/>
4 Kashmir Pakistani	<input type="checkbox"/>	12 Traveller – Irish heritage	<input type="checkbox"/>	20 Mixed black Caribbean and white	<input type="checkbox"/>
5 Kashmir other	<input type="checkbox"/>	13 White British	<input type="checkbox"/>	21 Any other mixed background	<input type="checkbox"/>
6 Other Pakistani	<input type="checkbox"/>	14 White Eastern European	<input type="checkbox"/>	22 Any other ethnic group	<input type="checkbox"/>
7 Other Asian	<input type="checkbox"/>	15 White Western European	<input type="checkbox"/>	23 Refuse to answer	<input type="checkbox"/>
8 Black African	<input type="checkbox"/>	16 White Irish	<input type="checkbox"/>		

A Country of Origin

B First Language