

**LATE Secondary Application form for Admission requests after National Closing Date 31 October 2024**

**Date received:**

**Admissions use only**

**REDCAR & CLEVELAND CHILDREN AND FAMILIES SERVICES**

**APPLICATION FOR ADMISSION TO SECONDARY SCHOOL: SEPTEMBER 2025**

**Your Child’s Details**

**Child’s Forename Child’s Middle Names**

**Child’s Legal Surname Chosen Surname**

**Postcode:**

**Child’s current address
and postcode**

**If you move address after the submission of**

**this application you must inform the School
Admissions Team immediately. Admission**

**authorities can withdraw the offer of a place**

**if a false or inaccurate address is given on**

**this application form. It is your responsibility**

**to ensure the School Admissions Team**

**receives this form by 31 October 2024.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Date of Birth**  |  |  **Gender**  (Please tick as appropriate) | **Male** |  | **Female** |

|  |
| --- |
| **Current primary school:**   |

**School Preferences**

**You may express a preference for up to 3 schools and we strongly advise that you do so. You should rank your three preferences in your order of priority. Only naming one school or repeating the same school three times does not increase your chance of getting a place in that school**.

|  |  |  |
| --- | --- | --- |
| **Priority** | **School** | Additional Information If you wish to give reasons for the schools you have named please do so in the box below. (Plea*se use additional sheets if required)* |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

**Sibling Information (Brother, Sister, Step Brother, Step Sister, Adopted Siblings and Foster Brothers and Sisters)**

**Does your child have a sibling(s) living at the same address? Yes No**

|  |  |  |
| --- | --- | --- |
| **Name of Sibling** | **Date of birth** | **Name of school currently attending** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does your child have an Education Health and Care Plan?** |  **Yes** |  |  **No** |  |
|  |  |  |  |  |
| **Is the child subject to a private fostering arrangement?**  | **Yes** |  |  **No** |  |
|  |  |  |  |  |
| **Is your child ‘looked after’ by a Local Authority (i.e. in Care?)** |  **Yes** |  |  **No** |  |

**If yes, which authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Was your child previously “Looked After”** by a Local Authority but ceased to be so because they were adopted or became subject to a Child Arrangement Order\* or Special Guardianship Order\*? |  **Yes** |  |  **No** |  |

**If yes, which authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* We may be in contact to confirm this information**

**Applicant(s) Details: Only 1 parent / carer is required to complete their details below**

|  |
| --- |
| **Parent / Carer**  |
| Title: Mr / Mrs / Miss / Other |
| First Name(s): | Surname: |
| Do you live at the same address as the child? Yes No **If no please complete the section below.** |
| Mobile No: |
| Email Address: |
| Relationship to child:  |
| Do you have parental responsibility for the child? Yes No **If no please complete the section below.** |

**Where the application is not being made by a parent(s) / person(s) who has parental responsibility for the child OR do not live at the same address please provide details below.**

|  |
| --- |
| Title: Mr / Mrs / Miss / Other |
| First Name(s): | Surname: |
| Address (if different to that of the child) |
|  |
|  |
| Mobile No: | Relationship to child: |
| Email Address: |
| Have they been informed/consulted about this application? |

Correspondence may be shared with any other parent(s) / person(s) who have parental responsibility for the child unless the applicant states a reason for withholding information e.g. threat of domestic violence. Please state reason and provide any supporting documentation e.g. Court Order.

**Declaration and Signature of Parent / Carer**

**Declaration:**

1. I certify that, to the best of my knowledge, the details I have provided are correct.  I understand that a place offered based on inaccurate information may be withdrawn
2. I certify that I have full parental responsibility for this child.
3. I understand my application will be processed as a LATE application and as such for the purposes of the co-ordinated scheme, where preferences must be passed to other admission authorities by the agreed deadline, the latest these applications will be considered is up to and including 10th November 2024.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Parent / Guardian** |  |  **Date** |  |

**Please return completed forms to** **SchoolsAdmissions@redcar-cleveland.gov.uk**

**or School Admissions Team, c/o Redcar and Cleveland House, Kirkleatham Lane, Redcar, TS10 1RT by no later than 31st October 2024**

**The information provided on this form will be used for processing your application for admission to secondary school in accordance with the**

**Data Protection Act 1998.  Information will be shared with other local authorities under co-ordinated admission arrangements, where appropriate.**