Form SA1

Starting school – September 2024

Please read the ***“Starting school in Westmorland & Furness – September 2024”*** booklet **carefully** before you complete this form. The booklet is available in schools and on the county council website at [www.westmorlandandfurness.gov.uk](http://www.westmorlandandfurness.gov.uk). Please return your completed form to your preferred school by

**15 January 2024**.

**Personal information – child’s details**

|  |  |  |
| --- | --- | --- |
| Child’s first name  |  |  |
| Child’s surname |  |  |
|  |  |  |
| Date of birth |  |  |  |  |  |  |  |  |  | Gender(male/female) |  |  |
| Home address |  |  |
|  |  | Postcode  |  |  |
| Current Nursery  |  |  |
| ***Please note: attendance at a nursery is only a factor in allocating places at a very small number of schools. It is not a factor in allocating places at any community or voluntary controlled schools. Please see page 13 of the “Starting school in Westmorland & Furness – September 2024” booklet for further information.*** |  |

**Parent/carer details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name of parent/carer |  | Title (Mr/Mrs/Ms/Miss etc) |  |  |
| Relationship to child |  |  |
| Contact tel number |  |  |
| Contact email address |  |  |
| I give consent for all correspondence to be sent to this email address | Yes [ ]  | No **[ ]**  |  |
| *(Please note: if you are applying using a paper form you will receive your offer of a school place by post and not by email)* |  |
| *If you are caring for someone else’s child for more than 28 days and you are not an immediate relative, you may be private fostering and it is a legal requirement that you contact the local authority on 0333 240 1727. Further information is available at www.westmorlandandfurness.gov.uk.* |  |

**Your preferred schools**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of school (in order of preference)** | **Will your child have a brother or sister at this school or associated junior school on 4 Sept 2024?** | **Brother/sister’s name** | **Brother/****sister’s date of birth** |
| **1.**       | **[ ]**  |  |  |
| **2.**       | **[ ]**  |  |  |
| **3.**       | **[ ]**  |  |  |

|  |  |
| --- | --- |
| **To be completed by your preferred school:****Date received in school: *(Please verify with stamp)*** | **For School Admissions use only****Date received:** |
|  |  |  |
|  | Catchment  | Siblings | C/VC Category | Documentary evidence |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you applying for any of your schools on the basis of faith? | **Yes** **[ ]**  | **No** **[ ]**  |  |
| If yes, which faith? |  |  |
| *Please check to see if you need to complete a supplementary form or send any supporting information to your preferred schools. This information can be found in the “Starting school in Westmorland & Furness - September 2024” booklet.* |  |
| If you have attached any evidence, please tick this box  | ***[ ]***  |

|  |  |  |
| --- | --- | --- |
| Does your child have an Education, Health and Care Plan (EHCP)? | **Yes** **[ ]**  | **No** **[ ]**  |
| Is your child currently undergoing a statutory assessment of special educational need? | **Yes [ ]**  | **No [ ]**  |
| Do you have any other children attending any of your preferred schools who have an EHCP which names that school? | **Yes [ ]**  | **No [ ]**  |
| Is your child in the care of a Local Authority? | **Yes [ ]**  | **No [ ]**  |
| If yes, which Local Authority?  |  |  |  |
| Was your child previously looked after by a Local Authority? | **Yes [ ]**  | **No [ ]**  |
| If yes, please refer to pages 10 and/or 13 of the *“Starting school in Westmorland & Furness - September 2024”* bookletfor further information. |
| If you have attached any evidence, please tick this box **[ ]**  |  |  |
| ***Community and voluntary controlled schools only:***Do you have any other children attending any of your preferredschools who were directed to that school by the Local Authority. (please see criterion 3 the Local Authority Admissions Policy for further information) | **Yes [ ]**  | **No [ ]**  |
|  |
| **Other reasons for your preferences**If you wish to give any other reasons for your preferences, please attach a separate sheet. If you have attached any additional information please tick this box [ ]  |
|  |
| **Parental declaration** I confirm that I have parental responsibility for this child and the information given is correct. I understand that if I have given false information, any school place offered may be withdrawn. I also agree to whatever checks may be carried out to verify accuracy. I have read the “Starting school in Westmorland & Furness - September 2024” booklet provided by Westmorland & Furness Council before completing this form |
| Full name of parent/carer signing the form (please print) |       |
| Signed  |       |
| Date  |       |
| Correspondence address if different from child’s address (*this address will not be used in the allocation process)* |       |
|  |
| **Remember to submit your form by 15 January 2024 – if your form is late, it may affect your chances of being allocated a place at one of your preferred schools**Information about School Admissions can be found on Westmorland & Furness Council’s website at:[www.westmorlandandfurness.gov.uk](http://www.westmorlandandfurness.gov.uk)or by contacting school.admissions@westmorlandandfurness.gov.uk or 0300 303 8144.School Admissions and Appeals, Westmorland & Furness Council, PO Box 305, Kendal LA9 9GZ |