



Parental Preference for Primary School Admission

This form must be returned to the Admissions and Transport Team by 12th January 2018. Places will be allocated on Wednesday 18th April, 2018. Only complete this form if your child is born between 01/09/2013 – 31/08/2014.

Pupil's Present School / Early Years Group / Pre-School Setting:

1st Preference School:

2nd Preference School:

If your chosen school is Dual Stream please indicate below whether you wish your child to be admitted to the English or Welsh Stream.

English Stream

Welsh Stream

Date admissions required: September 2018

Year group for pupil to be admitted into: Reception

Applying for a place in another Local Authority. If you are applying for an out of county school please complete this form and return to this office, who will then pass the information onto the relevant Authority. The relevant Authority will inform you of the outcome of your application in line with their official offer date.

PUPIL DETAILS

Pupil's Legal Surname

Pupil's Legal Forename

Middle Name(s)

Date of Birth

D/M/Y

Gender

Male

Female

If TWIN,

please tick box and complete an application form for each child

Pupil's Address (This must be the normal and genuine residence of the parent / carer who has care of the pupil, that is, the address at which the pupil will reside)

.....

.....

..... Postcode

Which Authority do you pay your Council Tax to?

SIBLING DETAILS :

Please give full names and date of birth of any siblings, who are attending the preferred school that you are applying for. (Sibling includes half-siblings, step siblings and foster children living in the same household).

Sibling Legal Name

Date of Birth

School

Relationship to Applicant

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Please provide sibling Address – only if different from applicant

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ADDITIONAL NEEDS

Does the pupil have any physical or mental health conditions, illnesses or impairments, lasting, or expected to last, 12 months or more?

Yes

No

Don't know

Does the pupil have any health conditions, illnesses or impairments which affect the pupil in the following areas? Please choose **ALL** that apply. If you wish to describe your child's condition in further detail please attach further information.

Vision (for example blindness or partial sight)

Hearing (for example deafness or partial hearing)

Mobility (for example walking short distances or climbing stairs)

Does the pupil use a Wheelchair/Kwalker?

Dexterity (for example, lifting and carrying objects or using a keyboard)

Not Toilet Trained/In Nappies/Pullups

Learning or understanding/concentrating (for example associated with Dyslexia or Down's syndrome)

Memory

Mental Health

Stamina or breathing or fatigue/asthma

Socially or behaviourally (for example, associated with autism, attention deficit disorder) or Asperger's syndrome

Other medical condition
(please describe)

Is the pupil on one of the following stages of the SEN Code of Practice for Wales?

Yes

No

Don't know

School Action

Yes

No

Don't know

School Action Plus

Yes

No

Don't know

Statement of Educational Needs

Yes

No

Don't know

Education and Health Care Plan (*England*)

Yes

No

Don't know

Describe your child's
Additional Needs

Has the pupil ever been excluded from their school or education setting, either on a fixed term or permanent basis?

Yes

No

Number of Fixed Term Exclusions

Total Number of Days



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INVOLVEMENT WITH OTHER SERVICES: Please tick box and provide contact details below

Educational Psychologist	<input type="checkbox"/>	Contact Name	Tel
EAL Support	<input type="checkbox"/>	Contact Name	Tel
CAMHS	<input type="checkbox"/>	Contact Name	Tel
Behaviour Support Service	<input type="checkbox"/>	Contact Name	Tel
Hearing Support Service	<input type="checkbox"/>	Contact Name	Tel
Visual Support Service	<input type="checkbox"/>	Contact Name	Tel
Health Visitor	<input type="checkbox"/>	Contact Name	Tel
Social Services	<input type="checkbox"/>	Contact Name	Tel
Medical Consultant	<input type="checkbox"/>	Contact Name	Tel
Youth Offending Service	<input type="checkbox"/>	Contact Name	Tel
Other: Please Specify	<input type="checkbox"/>	Contact Name	Tel

OTHER INFORMATION

Is the pupil in the care of Powys County Council or any other Authority? Yes No

Please give details of the placing Authority, Social Worker & Tel No.
.....

Please indicate if the pupil is of:

UK Service Personnel Yes No Traveller Family Yes No

Please Note : If the child attends a school outside the allocation area of their home address, parents will be responsible for home to school transport including costs

LANGUAGE

Does the pupil understand, speak, read or write Welsh? Please choose **ALL** that apply.

- Understand spoken Welsh
- Read Welsh
- None of the above
- Speak Welsh
- Write Welsh

What is the pupil's main language?

- English
- Welsh

Other, (please specify)

NATIONAL IDENTITY

How would you describe the pupil's national identity? Please choose **ALL** that apply.

- Welsh
- Scottish
- British
- Polish
- Other, (please specify)
- English
- Northern Irish
- Irish

ETHNICITY

What is the pupil's ethnic group? Please choose **JUST ONE** of the 18 options listed in this section that best describes the pupil's ethnic group or background.

White

- Welsh/English/Scottish/Northern Irish/British
- Gypsy or Irish Traveller
- Other, (please specify)
- Irish

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Other, (please specify)

Asian / Asian British

- Indian
- Bangladeshi
- Other, (please specify)
- Pakistani
- Chinese

Black / African / Caribbean / British

- African
- Other, (please specify)
- Caribbean

Other Ethnic group

- Arab
- Other, (please specify)



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PARENT / GUARDIAN DETAILS (details of person filling in this form required below)		
Title Dr / Rev / Mr / Mrs / Miss / Ms / Other	Forename	Surname
Relationship to Pupil e.g Mother, Father, Step-parent, Social Worker, Foster Parent or other relative		Do you have parental responsibility for this pupil (Please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Tel No	Mobile Tel No	
Work Tel No	Email Address	

DECLARATION

- I understand that if the preference is made after the closing date – 12 JANUARY, 2018, it may not be possible to offer my child/children a place at the 1st preference school.
- I understand I have the right to express a preference for the school where I wish the above child to be admitted and that, if I do not express any preference I may not get a school place at my preferred school.
- I have read and understood the published criteria relating to school admissions.
- I understand that if the pupil attends a school outside of the home allocation area, I will be responsible for home to school transport and all costs relating to it.
- **I understand that a place may be lawfully withdrawn if the information given on this form is fraudulent or misleading and that steps will be taken to confirm that the correct address has been used.**
- I confirm that I am the legal guardian holding parental responsibility for the pupil concerned and that all of the information included on the application form is true to the best of my knowledge.
- I understand that the information I have given on this form is to be held by the Council subject to the provisions of the Data Protection Act 1998 (as amended) and that the information will be used for the purpose of processing my application but may also be used for the detection and prevention of fraud. I also understand that the Council may, subject at all times to the provisions of the Data Protection Act, share this information with third parties.

Signature	Date
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Please return this form to Admissions & Transport Section, Schools Service, Powys County Council, County Hall, Llandrindod Wells, Powys, LD1 5LG

DATE RECEIVED	FOR OFFICIAL USE ONLY	NOTES
	DATE ENTERED ONTO SYSTEM	