



# Common Application Form (CAF) for In-Year Admission or In-Year School Transfer to Secondary School



Admissions stamp only

Date received
Staff initials

- You should only complete this form if you live in Tower Hamlets, or are applying for schools in Tower Hamlets and have parental responsibility for the child you are applying for.
- Please use black ink and BLOCK CAPITALS and tick any boxes that apply.
- Please carefully read the guidance notes at [In-year admissions \(towerhamlets.gov.uk\)](https://towerhamlets.gov.uk) before completing this form.
- You must complete this CAF and the School History Form should be completed by the child's previous school
- Once you have completed this form you must sign the declaration. You should send both forms to The School Admissions Service, Tower Hamlets Town Hall, 160 Whitechapel Road, London E1 1BJ.
- **The office is open Monday to Friday 9.00am to 5.00pm.**
- We suggest you send by recorded delivery direct to the Admissions Service.

Office use only:

Year:
ID:

I am applying for a school place (my child does not have a school place)

I am applying for a transfer between schools (my child is already in school)

## PART A (TO BE COMPLETED BY PARENT/CARER)

### 1. Child's details

Please follow the guidance notes carefully. If you have any questions, please contact us.

First name:

Last name:

Date of birth: Day   Month   Year     Sex: Male  Female  Year group

Home address:   
  
 Postcode:

(The child's home is the permanent address where they normally live with their legal guardian. If this is different from the parent's or carer's address, please explain why on a separate sheet of paper. Also, if parents share custody, please give both addresses on a separate sheet of paper.)

When did you move to the above address? Day   Month   Year

Previous home address:   
  
 Postcode:

Name of child's current school:

Address of current school:   
(if outside Tower Hamlets)   
 Postcode:

If your child does not have a school place, please let us know when you will need the school place by:

As soon as possible  or Day   Month   Year

If you have more than one child who requires a school place, it is possible that we may be unable to place your children together at the same school. Please indicate whether you would accept places at different schools

Yes  No

## 2. Children with additional needs

Does your child have a Statement of SEN/Education, Health and Care Plan or is undergoing assessment?

Yes  No

If your child already has a statement of SEN/Education, Health and Care Plan then you should contact the SEN department to discuss your request (please refer to page 3 of the guidance notes for further information).

Does your child have any other needs you feel we should know about?

Yes  No

(this includes disabilities or severe medical conditions)

Do any other family members have needs which we should know about?

Yes  No

If 'Yes', please advise what these needs are and enclose a report from the relevant medical or social care professional with your application form.

## 3. Children who are 'looked after'

Does the child have 'looked after' status as explained on page 3 of the guidance notes?

Yes  No

If 'Yes', please name the local authority that can confirm this:

Social worker's name:

Tel:

Please also provide a letter from the social worker confirming the legal status of the child and name of the local authority the child is in the care of. This letter should also provide the reasons for the preferences for schools listed.

Is/was the child privately fostered?

Yes  No

If 'Yes', please give details.

## 4. Parent's or carer's details

### Parent/carer 1

Title: Mr  Mrs  Ms  Miss

First name:

Last name:

If 'other family member or other contact', please state which.

Home tel:

Mobile:

Email:

Address (if different to child's address)

Relationship to the child: Mother  Father

Step-parents  Foster parents  Social worker

Other family member  Other contact

### Parent/carer 2

Title: Mr  Mrs  Ms  Miss

First name:

Last name:

If 'other family member or other contact', please state which.

Home tel:

Mobile:

Email:

Address (if different to child's address)

Relationship to the child: Mother  Father

Step-parents  Foster parents  Social worker

Other family member  Other contact

## 5. Non-UK applicants

In which country was the child born?

Date of entry to the UK: Day   Month   Year

Child's first language:

Can the child speak, read and write fluent English? Yes  No

Is the child in the country now? Yes  No

## 6. School preferences

You can apply for up to three different schools and they should be listed in the order in which you prefer them. Please include the name, date of birth and sex of any sibling (full, half, step, adopted or long-term fostered brother or sister) who is already at the school you put as a preference.

If you want to give reasons for your preference for any school, please use the section provided. These might include religious, philosophical or any other reasons. If you think there are exceptional medical or social reasons why your child should go to a particular school, you must provide evidence with this application that is supported by a professional (such as a doctor's report). The evidence should set out the reasons why the school in question is the most suitable and the difficulties that would be caused if the child had to attend another school. Please also tick the relevant box in Section 2.

### Preference 1

School name:

School address:   
(if outside of Tower Hamlets)

The borough the school is in:

Reason for your preference:

If the child in Part A has a brother or sister at this school, please give details below.

First name:

Last name:

Date of birth: Day   Month   Year     Sex: Male  Female

### Preference 2

School name:

School address:   
(if outside of Tower Hamlets)

The borough the school is in:

Reason for your preference:

If the child in Part A has a brother or sister at this school, please give details below.

First name:

Last name:

Date of birth: Day   Month   Year     Sex: Male  Female

## Preference 3

School name:

School address:

(if outside of Tower Hamlets)

The borough the school is in:

Reason for your preference:

If the child in Part A has a brother or sister at this school, please give details below.

First name:

Last name:

Date of birth:

Day   Month   Year     Sex: Male  Female

## 7. Your declaration and signature

Please read the following:

- I have read and understood your admission criteria and want to apply for a place at each of the schools named in Section 6, and have listed these schools in my order of preference.
- I confirm that I am the person with parental responsibility for the child named in this application who lives in the borough of Tower Hamlets and that, as far as I know, the information I have given is correct.
- I confirm that the schools I have applied for on this form are my current preferences. This means that I no longer wish to apply for any schools that I named on any previous forms and which I have not named on this form. The ranking of schools on this form is my current ranking, so please ignore any previous ranking order.
- I understand that if I give any false or deliberately misleading information on this form, or supporting information, this application will no longer be valid and you may withdraw the offer of a school place.
- I confirm I have read and understood the admissions arrangements available at [www.towerhamlets.gov.uk/lgnl/education\\_and\\_learning/schools/school\\_admissions/in-year\\_admissions.aspx](http://www.towerhamlets.gov.uk/lgnl/education_and_learning/schools/school_admissions/in-year_admissions.aspx)

### Consent

- The information you have provided on this form will be held by the London Borough of Tower Hamlets in accordance with the Data Protection Act 2018 and General Data Protection Regulation. The local authority has a statutory duty to process your information under the Education Act 1996 and the DfE Statutory Guidance School Admissions Code. The information you provide may be shared with relevant council departments, schools or other local education authorities and the NHS for the purposes of admissions or fulfilling a statutory duty. We will pass the information to the school the child is offered a place at, where it will form part of the pupil database that the school keeps. Your information will be kept by the local authority for seven years after an offer of a place is made.
- You also have a right to complain, object to or access the information that is held and processed about you. Please go to [www.towerhamlets.gov.uk/lgnl/council\\_and\\_democracy/complaints/complaints.aspx](http://www.towerhamlets.gov.uk/lgnl/council_and_democracy/complaints/complaints.aspx) for further details on your rights and contacting the Complaints and Information Service.
- To view our privacy notice please go to [www.towerhamlets.gov.uk/lgnl/council\\_and\\_democracy/data\\_protection\\_freedom\\_of/GDPR/GDPR.aspx](http://www.towerhamlets.gov.uk/lgnl/council_and_democracy/data_protection_freedom_of/GDPR/GDPR.aspx)
- By submitting this form, I confirm that I have read the Declaration and give my consent to the processing of this application.

Parent/carer 1 signature

Date

Parent/carer 2 signature (if applicable)

Date