

CAPF (Primary)

Starting Foundation (F1) at Primary or Infant School in September 2010

Please read the notes carefully before completing this form.

Please complete in **CAPITAL LETTERS**

Please return this form to the school you have listed as

First Preference in Section 3.

Otherwise please post it to: **School Admissions Team,
County Hall, New Road, Oxford, OX1 1ND.**

Office use only

Date received

EMS

Closing date for form

13 November 2009

Section 1: Child's details				
Legal Surname		First Name		
If your child is known by a different surname, please state it here		Middle Names		
Address			Male or Female	
			Date of Birth	
			Day	Month
			Year	
	Postcode			

Your child's current Nursery or Play Group				
Does your child have a Statement of Special Educational Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which Authority maintains this Statement?		
Is your child 'looked after' by a Local Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please give the name of your child's Social worker and the Authority		
Does your child have a disability as defined in the Disability Discrimination Act (1995) as amended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please give the nature of your child's disability		
Are you moving into Oxfordshire as a new posting as Service or Crown Servant Personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please give date of your move		

Section 2: Your details				
Name(s) of parents/carers living at home address above	Mr/Mrs/Miss/Other			
Relationship to child				
Email address				
Daytime telephone number		Alternative telephone number (e.g. mobile)		
Name of other adult with parental responsibility	Mr/Mrs/Miss/Other	Forename	Surname	
Home address (if different from above)				
		Postcode		
Relationship to child		Contact telephone number (if appropriate)		

Child's Name

Section 3: Your Preferences

Please write the names of up to three schools you would like your child to attend in the section below. Put the school you would most like your child to attend first in the list. You can only list schools in Oxfordshire on this form and you need to give the code number for the school (found next to the school's details in the 'Starting School' booklet).

First Preference School			School Code No.	Office Use
If your child has any older brothers or sisters attending this school, please give their name(s) and date(s) of birth here	Name		Name	
	DoB		DoB	

Second Preference School			School Code No.	Office Use
If your child has any older brothers or sisters attending this school, please give their name(s) and date(s) of birth here	Name		Name	
	DoB		DoB	

Third Preference School			School Code No.	Office Use
If your child has any older brothers or sisters attending this school, please give their name(s) and date(s) of birth here	Name		Name	
	DoB		DoB	

Section 4: Church (voluntary aided) schools (optional)

The information in this section may be useful to your application if you have listed any church (voluntary aided) schools in Section 3.

My child is of the following faith/denomination

I attach a supplementary information sheet for a voluntary aided school. Yes No
I attach a copy of my child's baptismal certificate. Yes No

Section 5: Other Information (optional)

You can give reasons for the preferences you have listed in Section 3. These can include religious or philosophical reasons or those relating to your religion or that of your child	

Section 6: Declaration

Please note that, if you deliberately give false information, we may withdraw your child's offer of a school place. I have read and understand the explanatory notes. All the information I have given on this form is correct to the best of my knowledge. I understand that I am giving my consent that Oxfordshire County Council can process the information in this form for educational purposes and can share it with other agencies and admissions authorities for educational purposes. I understand that Oxfordshire County Council will keep this information securely.

Please tick box

Signature

Date