CAPF (Junior)

Admission to Junior or Primary School to start Year 3 in September 2011 Please read the notes carefully before completing this form.

Please complete in **CAPITAL LETTERS**

If your child attends an Oxfordshire Infant school, please return this form via the **school office** at that school.

Otherwise please post it to: School Admissions Team,

County Hall, New Road, Oxford, OXI IND.

Office use only							
Date received							
EMS q							

Closing date for form 17 January 2011

Section 1: Child's details									
Legal Surname				First Name					
If your child is known by a different surname, please state it here	erent			Middle Names					
Address					Male	Male or Female			
					Date	Date of Birth			
					Day	Month	Year		
		Postcode							
Your child's current Infant Scho	. al								
Does your child have a Staten Special Educational Needs?	Yes No	If so, which A this Statemen							
Is your child 'looked after' by a Local Authority?	Yes No	If so, please g							
Does your child have a disabiling the Disability Discrimination as amended?		Please give the nature of your child's disability							
Are you moving into Oxfords new posting as Service or Cro Servant Personnel	Yes No	If so, please g							
Section 2: Your details									
Name(s) of parents/carers living at home address above	Mr/Mrs/Mis								
Relationship to child									
Email address									
Daytime telephone number	Alternative telephone number (e.g. mobile)								
Name of other adult with parental responsibility	Mr/Mrs/Mi	ss/Other	Forename		Surnam	Surname			
Home address (if different from above)									
					Postcoo	de			
Relationship to child			Contact te	lephone number					

Section 3: Your Preferences									
Please write the names of up to the you would most like your child to code number for the school (foun	attend firs	st in the list. If	you are listing	g schools	s in Oxfo	ordsh	ire, yo		
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	l Co	de N	Э.	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	I Со	de N	Э.	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	<u> </u>	· · ·	<u> </u>	ı have lis	ted any o	churc	th (vo	luntar	y aided)
schools in Section 3. My child is of the following faith/c	lenominat	ion							
I attach a supplementary informati I attach a copy of my child's baptisi	on sheet	for a voluntar	ry aided school	ol.	Yes Yes			No No	
Section 5: Other Informatio	n (optio	nal)							
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 I have read and understand the ex of my knowledge. I understand tha information in this form for educat educational purposes. I understand	planatory it I am giv iional purp	notes. All the ing my conse poses and car	e information nt that Oxfor n share it with	I have gi dshire C othe ag	ven on t County C gencies a	his fo ound nd a	orm is cil can dmissi	corre proce ons au curely	ect to the best ess the uthorities for
Signature				D	ate				

Child's Name