



## IN YEAR ADMISSION PARENTAL PREFERENCE FORM

Please complete the form in **BLOCK CAPITALS/BLACK INK** and return to **The Education Office** at the address overleaf as soon as possible.

### CHILD'S DETAILS

**PLEASE REFER TO 'GUIDE FOR PARENTS' WHERE INDICATED**

Child's Surname		Date of Birth	
Forename		Middle Names	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	First Language
Child's home address: <b>see Guide for Parents</b>			
			Post Code
Child's present/previous school			
Address/tel for present/previous school			
Requested date of admission			

### Parent carer details - The application should be made by the parent/guardian the child normally lives with.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Forenames	
Surname				Relationship to Pupil	
Address					
				Post Code	
Email Address				Home Tel No	
Work Tel No				Mobile No	
Do you have parental responsibility for this child	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Religious affiliation or denomination of parent					
If you would like correspondence to be sent to a parent who the child does not normally live with please provide a name and address.					
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Forenames	
Surname				Relationship to pupil	
Address					

Has your child been permanently excluded from a school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child currently have a final statement of special educational needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child currently undergoing statutory assesement of special educational needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child in the care of the local authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes then please state which local authority		
Is the child a young carer ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### DETAILS OF BROTHERS OR SISTERS: see Guide for Parents

If the child named above has any brothers or sisters who will be in attendance at school please give details below.

Forename	Middle Name	Surname	Date of Birth	Gender (M/F)	School

### SCHOOL PREFERENCES – see Guide for Parents. Please name up to 5 schools in order of preference..

First Preference	
Second Preference	
Third Preference	
Fourth Preference	
Fifth Preference	

**Reasons for choice of School: see Guide for Parents**

If you consider that there are special reasons, including social or medical, why your child should be given special consideration for allocation to a particular school please give brief details here. **Please submit evidence in support of your reasons for your choice of school** (eg letter from GP or other relevant professional person demonstrating unequivocally that your child should attend the preferred school **and no other**).

**Information for requested School:**

Please provide any additional information which will aid the requested school plan for your child's admission. For example, this may be information relating to physical disability, learning difficulties or behavioural issues.

If you have asked that your child to be considered for a place at **Ripon Grammar School (see Guide for Parents)** you should indicate whether you prefer a day or boarding place. Please tick as appropriate

Day Placement  Boarding Placement

If you have entered a tick in the Boarding Placement box please indicate whether you prefer weekly or termly boarding:

Weekly boarding  Termly boarding

**HOME TO SCHOOL TRANSPORT – see Guide for Parents**

The Authority's home-to-school transport policy is set out on the enclosed sheet. If you think your child will **not** qualify for free transport but there are individual or special reasons why you think we should provide it  please tick the box and enclose further information. You will then be informed of the Authority's decision following the allocation to a school.

If you have any further queries please contact this office on tel: 0845 0379422 or at the address below.

**FREE SCHOOL MEALS – see Guide for Parents**

If you are in receipt of certain benefits (see Guide for Parents) he/she will be eligible for free school meals.

If you require an application form please tick the box.

For further information contact this office on Tel: 0845 0349421 or at the address below.

**If you have expressed a preference for your child to attend a Voluntary Aided School, admission is the responsibility of the Governors of the school, who allocate places according to their published admission criteria. You should therefore apply direct to the school as well as indicating your preference on this form.**

**DECLARATION – see Guide for Parents**

**I certify that, to the best of my knowledge, the details I have provided are correct. I understand that a place offered on the basis of inaccurate information may be withdrawn. I have read the 'Guide for Parents' before completing this form.**

Signed .....Date .....

Name (please print) .....(Parent/Guardian)

If you have any further queries please contact The Admissions Team; Tel: 0845 0349420 or

**The Education Office, Ainsty Road, Harrogate, HG1 4XU**

**The information provided on this form will be used in accordance with the Data Protection Act 1998.**