

# LATE APPLICATION FOR ADMISSIONS TO RECEPTION CLASS FOR SEPTEMBER 2017



This form is for children living in Hackney born from **1<sup>st</sup> September 2012 to 31st August 2013**. If you live outside Hackney you must complete the form available from the **borough you live in**. Please carefully read the guidance notes attached before completing the form. Completed forms must be returned to Hackney Learning Trust by **15 January 2017**. If this form is received **AFTER** this date it will be treated as a **LATE** application. There is the easier option of applying on-line, go to: [www.eadmissions.org.uk](http://www.eadmissions.org.uk) **This form should not be completed for a child who has a Statement of Special Educational Needs/Health, Care and Education Plan – you can contact an officer on 020 8820 7326 for further advice about this matter.**

## 1. Child's Details

|   |   |   |  |
|---|---|---|--|
| Child's First Name(s)   |   | Child's Last Name(s)                    |  |
| Child's Date of Birth   | / /   | Gender                                  | Boy <input type="checkbox"/> Girl <input type="checkbox"/>                               |
| Child's Home Address  | (This must be the address where the child normally lives) |   | Addresses are checked and any place using a false address may be withdrawn<br>Post code: |
| Is the above address: Permanent                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Social Housing <input type="checkbox"/> | Owner Occupier <input type="checkbox"/> Living with a relative <input type="checkbox"/>  |
| If private landlord, please provide end date of tenancy agreement | / /   |   |  |

|                              |  |
|------------------------------|--|
| Current School/ Nursery      |  |
| Address (if outside Hackney) |  |

## 2. Parents'/Carers' Details

**Parent/Carer (1) Title** (Please circle) Mr Mrs Miss Ms

|                       |  |                |  |
|-----------------------|--|----------------|--|
| First name            |  | Surname        |  |
| Relationship To child |  | E-mail address |  |
| Home Tel no.          |  | Mobile Tel no. |  |

**Parent/Carer (2) Title** (Please circle) Mr Mrs Miss Ms

|                       |  |                |  |
|-----------------------|--|----------------|--|
| First name            |  | Surname        |  |
| Relationship To child |  | E-mail address |  |
| Home Tel no.          |  | Mobile Tel no. |  |

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### 3. Primary School Preferences (can list up to 6 schools)

|              |  |  |                |   |
|--------------|--|--|----------------|---|
| Preference 1 | Name of Borough school is located (indicate below) | <b>Name of brothers or sisters attending this school</b> |                | <input type="checkbox"/> Medical/Social need<br><br>Supporting documents must be provided |
|              |  | First name(s):   | Last Names(s): |   |
|              |  | DOB / /  |                |   |
| Preference 2 | Name of Borough school is located (indicate below) | <b>Name of brothers or sisters attending this school</b> |                | <input type="checkbox"/> Medical/Social need<br><br>Supporting documents must be provided |
|              |  | First name(s):   | Last Names(s): |   |
|              |  | DOB / /  |                |   |
| Preference 3 | Name of Borough school is located (indicate below) | <b>Name of brothers or sisters attending this school</b> |                | <input type="checkbox"/> Medical/Social need<br><br>Supporting documents must be provided |
|              |  | First name(s):   | Last Names(s): |   |
|              |  | DOB / /  |                |   |
| Preference 4 | Name of Borough school is located (indicate below) | <b>Name of brothers or sisters attending this school</b> |                | <input type="checkbox"/> Medical/Social need<br><br>Supporting documents must be provided |
|              |  | First name(s):   | Last Names(s): |   |
|              |  | DOB / /  |                |   |
| Preference 5 | Name of Borough school is located (indicate below) | <b>Name of brothers or sisters attending this school</b> |                | <input type="checkbox"/> Medical/Social need<br><br>Supporting documents must be provided |
|              |  | First name(s):   | Last Names(s): |   |
|              |  | DOB / /  |                |   |
| Preference 6 | Name of Borough school is located (indicate below) | <b>Name of brothers or sisters attending this school</b> |                | <input type="checkbox"/> Medical/Social need<br><br>Supporting documents must be provided |
|              |  | First name(s):   | Last Names(s): |   |
|              |  | DOB / /  |                |   |

### 5. Other information

|   |   |
|---|---|
| <b>Reasons for application</b> - Please state (if any) relevant background information such as religious or cultural that you would like taken into consideration. Please indicate below and continue on a separate sheet if necessary. | <b>Exceptional Medical or Social Need for a place</b><br>If you have indicated above that you have a medical or social need for a place at a particular school, you will need to provide a letter explaining your circumstances, this must be supported by written professional documentation (letters from your doctor/hospital consultant, social worker or any other agency) as to why your son/daughter can only attend this school due to medical or social needs. |
|   | <b>Are you a qualified teacher applying under the Teachers Priority?</b><br><b>Tick Box</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the name of school you currently work at below.<br><br>_____  |

### 6. Children in Care/Subject to a Child Protection Plan – This includes all looked after children and children who were previously looked after, and immediately became subject to an adoption, residence (child care arrangements) or special guardianship order.

|  |                           |  |
|--|---------------------------|--|
| <b>Is this child Looked After by a Local Authority</b><br>If yes, please complete below: |                           | <b>Is this child subject to a Child Protection Plan (CPP)?</b> |
| <b>Local Authority</b>   | <b>Social Worker Name</b> | <b>Contact Number</b>  |
|  |                           | Yes <input type="checkbox"/> No <input type="checkbox"/>       |

### 7. Declaration

- I wish to apply for a place at each of the schools named in Section 4, and I have listed these schools in my order of preference.
- I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this application invalid, or lead to the offer of a place being withdrawn.
- I understand that I will be required to provide proof of address and my child's date of birth upon receipt of an offer of a school place. Failure to provide acceptable evidence will lead to the offer being withdrawn.

|                                  |             |     |
|----------------------------------|-------------|-----|
| <b>Parent's/Carers signature</b> | <b>Date</b> | / / |
|----------------------------------|-------------|-----|

## Guidance Notes for parents who wish to complete the attached form – Reception Class September 2017

Hackney Learning Trust will process all of your preferences at the same time and use the Pan-London Admissions Register to transfer any preferences outside of Hackney to other Local Authorities. Please refer to booklet '*Hackney's Primary School – 2017 Admissions Guide for Parents*' for further information as to the reception class admissions, available at [www.learningtrust.co.uk/schools/primary\\_schools/ps\\_brochure.aspx](http://www.learningtrust.co.uk/schools/primary_schools/ps_brochure.aspx).

### SECTION 1 –CHILD'S DETAILS

All sections must be completed.

### SECTION 2 – PARENT'S/CARER'S DETAILS

Please ensure that the names of all responsible adults/carers are recorded on the form for the primary school to approach. Please note that when parents live separately, the application must be based on one address where the child normally lives. You should provide a letter of explanation as to the living/care arrangements of your child if the address is different to the address that is normally used.

### SECTION 3 – PRIMARY SCHOOL PREFERENCES

You are entitled to name up to six schools including schools outside Hackney on this form (do not include Independent schools). Please ensure that you complete all the sections that are applicable to each preference.

**Teachers Priority** – If you are a **Full-Time Qualified** teacher working in a Hackney School, you can apply for a priority place at the school that you teach at. Only one place per reception class can be awarded under this criterion. Please note that this doesn't apply to teaching assistants or other support staff.

**Sibling Connection** - It is important that you state if your child already has a brother or sister including step or foster siblings, (they must be living in the same household) attending the school, as this can give your child priority for admission providing that your family have not moved since the last sibling was offered a place and you live within 0.750 miles.

**Medical/Social reasons** –The Head of Service and the Head of Admissions will decide on these cases. The medical need of parents can be used to make a case for a place at a particular school but this must show why a child has a social need because of their parent's medical condition. We will need to see medical evidence in support of these cases, which must clearly show why the child should be given a place at that particular school, together with an explanation of the difficulties that would be caused if the child were to attend another school. **Parents are responsible for providing the evidence. Very few children are given priority under this priority.** You will receive a letter dated 18 April 2017 informing you the outcome of your application, but not the reasons why priority was not granted. You should contact the Admissions Team for the reasons of the decision.

If applying to **Religious Primary Schools** you must obtain a **supplementary form** if you wish to be considered under the religious priorities. The supplementary form must be completed by the Priest/Vicar/Pastor/Rabbi and is available directly from either Hackney Learning Trust or the primary schools concerned. (Also check their Website).

### SECTION 4 – CHILDREN LOOKED AFTER BY LOCAL AUTHORITY

This includes all looked after children and children who were previously looked after, and immediately became subject to an adoption, residence, (child arrangements) or special guardianship order. Children in this category will be given priority of admission to schools in Hackney in accordance with the criteria for admission.

#### Checklist:

Before returning this form, please ensure that you have:

- Read the notes below and **have obtained a copy of the primary school admissions brochure, 'Hackney's primary schools – 2017 admissions guide for parents'**.
- Completed all relevant sections of this form

- Enclosed (if necessary) any supporting evidence (e.g. a letter from myself explaining the situation, or the family doctor/hospital consultant in support of any medical or social claim, as to why your child can only attend a particular school).
- Completed a supplementary Information Form you are applying to religious schools and wish to be considered under the religious criteria. **This form needs to be sent directly to the school(s) concerned.**
- Attached the relevant documents required as below: (if you have changed address in the last year we may request further evidence):-
  - A copy of the Child's Birth certificate, Passport or Medical Card to verify date of birth.
  - The original Council Tax Bill for Year 2016/2017 or the original letter for Housing Benefit entitlement.
  - An original Utility Bill received within the last two months.

**YOUR RESIDENTIAL ADDRESS**

Your address must be your main residential home, where you and your child live. If we establish that you have more than one property, or living at a different address, we will require further evidence that the address on the form is your main residential address. If you have any problems with providing the documents listed above, please contact the Admissions Team on 020 8820 7150/7401 who will be able to advise you on alternatives that may be accepted. If you fail to provide **all three of the above documents** it may result in a delay or refusal of an offer of a school place.

**NOTIFICATION OF AN OFFER OF A SCHOOL PLACE**

Parents will be sent an email if applied online or letter by Hackney Learning Trust notifying them of the result of their application

**DEALING WITH LATE APPLICATIONS**

Parents who submit a late application will normally be considered for schools in Hackney after parents who have submitted their applications on time unless there is a good reason why the form has been submitted late. Please see booklet 'Hackney's primary schools – 2016 admissions guide for parents' for more information.

**APPLICATION LIST FOR SCHOOLS (WAITING LIST)**

Any parent of a child who is refused a place at a higher ranked school is automatically placed on a waiting list. Pupils will be ranked on the list in accordance with the admissions criteria for the schools as explained in the booklet 'Hackney's primary schools – 2016 admissions guide for parents' and **not** by the length of time the pupil has been on the list.

**APPEAL ARRANGEMENTS**

If you believe you have exceptional reasons for requiring a place at one of your preferred primary schools, you can appeal against the decision of refusal to an independent admissions appeal panel. The outcome letter will tell you how to appeal. Completed Appeal Forms will need to be returned to Hackney Learning Trust by **Monday 23rd May 2017**.

|  |                         |
|--|-------------------------|
| <p><b>Receipt of application:</b><br/>Your application has been received by:</p> <p>_____</p> <p><b>(to be signed by the Admissions Officer receiving the form)</b></p> <p><b>Name of Child</b> _____</p> <p><b>Date of Birth</b>      <input style="width: 50px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/></p> | <p><b>HLT Stamp</b></p> |
|--|-------------------------|

**AFTER COMPLETION RETURN FORM TO:  
THE ADMISSIONS TEAM, HACKNEY LEARNING TRUST, HACKNEY TECHNOLOGY & LEARNING CENTRE,  
1 READING LANE, LONDON E8 1GQ**