IN-YEAR APPLICATIONS FOR PLACES IN PRIMARY/SECONDARY SCHOOLS IN CORNWALL DURING THE 2010/11 SCHOOL YEAR

Dear Parent/Carer

Attached is an application form.

You will need to refer to the notes of guidance before completing the application.

These can be accessed via the Council's website: www.cornwall.gov.uk/admissions

However, if you do not have access to the internet, then please contact us on 0300 1234 101 and we will provide you with a printed copy.

Please return your completed form to: Admissions & Transport (Policy), Cornwall Council, Camel Building, County Hall, Treyew Road, Truro, TR1 3AY.

Yours sincerely

Trevor Doughty

Corporate Director

Children, Schools and Families



(Cornwall Admissions) Common Application Form (CACAF)

Please note that you need to read the guidance notes before completing this form. Please use a black pen to complete this form and print in block capitals.

If one or more of your preferred schools is a Voluntary Aided (church) school, you should contact that school to find out whether any additional information is required.

Surname of child:	First name(s) of child:					
Date of Birth:	ВОҮ	GIRL	(Please	tick as app	ropriate)	
Current address of child:		•				
Postcode:		rer's e mail addr				
Tel. Nos. Home:	Daytime:	······································	Mobile	å B		
If you are moving to a new add (Please note that evidence of your					be allocated)	
Proposed address:						
Postcode:	Moving Da	te:				••••
Does your child have a stateme	nt of special e	ducational need:	s?	YES	NO NO	
Is your child in public care ("loc	oked after" by	a Local Authorit	:y)?	YES	NO	
,			(Please	 tick as ap	propriate)	
If "Yes", which Local Authority	?					
Name of child's current school:			* .			
Has your child been permanent	ly excluded fro	om a school?		YES	NO	
			(Please	itick as ap	propriate)	
If "YES", please name the school(s) where the excl	lusion(s) occurred	and the d	ate(s) of t	he exclusion	below:
School:				D	ate:	
Signature of applicant: (you mu	st have parental	responsibility for	the above	-named cl	nild):	
	***************************************			D	ate:	******
Name in Block Letters:						
			(Ple		ss/Ms//Dr/G e as appropri	
Relationship to child: (mother/father/carer, etc.)						
Date:	•					PTO

If my child does not qualify for a place at my first preference school, I would like my child to be allocated a place at:

Name of second preference school:		For office use only
Please name any brothers or sisters who will be attending this school:	Date of birth:	
· · · · · · · · · · · · · · · · · · ·		
Reasons for preferring this school (additional information may be attached on a separate A4 sheet):		

If my child does not qualify for a place at my first or second preference school, I would like my child to be allocated a place at:

Name of third preference school:		For office use only
Please name any brothers or sisters who will be attending this school:	Date of birth:	use only
Reasons for preferring this school	p	
(additional information may be attached on a separate A4 sheet):		

Applications will be processed no more than six school weeks in advance of a school place being required. If a parent/carer has not specified a desired start date, it will be expected that the place will be taken up within two school weeks of allocation.

Please now check that you have signed and dated the form (overleaf) before returning it. Please return this form to: Admissions and Transport (Policy), Camel Building, County Hall, Treyew Road, Truro, TR1 3AY

If you wish to receive acknowledgement of this application form, please send a stamped addressed envelope.