St Mary's Voluntary Aided C. of E. Primary School, Northchurch

In-Year Admission Application Form 2026/27

SECTION 1: Your child's details

Date place is required*:

*Places are offered on the basis that they will be taken up within 10 school days. Please do not apply more than 4 weeks in advance of the date you require a place, unless you are a service family.

Your child's details:

First name	Middle name(s)	Family name/Surname
Date of birth	Current Year Group*	

*Places will be allocated into the usual year group based on your child's date of birth. If you wish your child to be educated in a different year group to that indicated by their date of birth, a separate application must be made in writing to the Governing Board (please see our admission policy for further details of the process to follow).

Your child's current address and postcode: We check addresses and will withdraw our offer of a school place if you give a false address	Current address
	Postcode
Your child's new address and postcode:	New address
Date of move	Postcode
Does your child live at more than one address? If so, please provide full details here	

Your child's current school*

*Please note this school will be contacted when your application is processed

School Name	School Address
Date last attended (if your child has left)	

Does your child have an Education Health and Care Plan? If your child has an EHCP naming a specific school, please contact your local authority's SEND Team for advice	Yes ☐	No ☐
Are you or your partner working as a UK service personnel or crown servant?* *If yes, please include an official MOD, FCDO or GCHQ letter showing relocation date	Yes ☐	No ☐
Is the child you are making an application for a looked after child*? *If yes, indicate which local authority and include a supporting letter from the child's social worker and/or advisory teacher	Yes ☐	No ☐

Was your child previously looked after*, but was then adopted or became subject to a residence order, or a special guardianship order, or has your child been adopted from state care outside of England? If yes, please provide supporting evidence. *see definition in admission policy	Yes ☐	No ☐
Does your child have a sibling at the school?	Yes ☐	No ☐
If yes, please state the name and date of birth of the brother(s) and/or sister(s)		

SECTION 2: Your details:

Name of the person making the application (usually the parent)	Title	Initial	Family Name
Address (if different to that given above)			
Daytime telephone number			
Email address* *We will use this address to contact you where possible			
Your relationship to the child			

Is the child living with you under a private fostering arrangement? This is where a child lives with an adult who is not a close relative, i.e. not a parent, grandparent, sibling, aunt or uncle.	Yes ☐	No ☐
Do you have parental responsibility?* *If no, please provide permission from the person(s) with parental responsibility, confirming they are in agreement with the application	Yes ☐	No ☐
Does another person(s) also have parental responsibility?	Yes ☐	No ☐
If yes, have they given agreement to the application being made?	Yes ☐	No ☐

*For births registered in England and Wales, parental responsibility is automatically given to the child's mother from birth. A child's father will have parental responsibility if;

- he was married to the child's mother when the child is born (even if later divorced or separated)
- the child was born after 1 December 2003 and he is named on the birth certificate
- a parental responsibility agreement is obtained from a court, or by agreement with the mother.

Please provide copies of any appropriate court orders or residence orders with this application.

SECTION 3: Parental Declaration:

If you deliberately give false information, the offer of a school place may be withdrawn.

All of the information I have given on this form is correct and up to date. I understand that you will share the information in this application with the local authority. I understand that my child must be able to take up the allocated school place immediately and that the school place may be withdrawn if not accepted within 10 school days.

I confirm I have parental responsibility for this child and/or the agreement of all persons with parental responsibility ☐

I enclose any supporting documentation ☐

Your full name			
Your signature		Date	

If you wish your application to be considered under (any of) Rule 2 (medical/social need), Rule 4 (children eligible for one of the pupil premiums), Rule 5 (children of staff) or Rule 6 or 7 (priority based on church attendance), please now fill in our Supplementary Information Form