ADDITIONAL PREFERENCE APPLICATION Starting Primary in September 2024



f you applied for less than five schools originally, you may use this form to apply for additional preferences. The maximum
number of original preferences plus additional oversubscribed preferences is FIVE. We will not process preferences which
exceed this limit.

We will write out to you when this application has been processed. If we are not able to allocate a place at an additional preference, you will then be able to have your child placed on the waiting list/s for the additional preference/s if you so wish.

Child's Details

First Name		Date of Birth	
Middle Name(s)		Gender	
Legal Surname]	
	ermanently. Where a child lives with separated parents who have slive both parents' details on a separate sheet of paper. Evidence of		
First Line of Address			
Second Line of Address			
Town		Postcode	
How long has your child	d lived at this address?		
bill and a child allowance or b to move by September but are e.g. completion of contracts o	ou must provide a copy of your council tax bill and a minimum of two penefit document in your name or that of your child. You must also is e still living at your current address when you apply, we can only co on your new property and solicitor's letter confirming the sale of your ding of your tenancy agreement for the previous property. Further e	nform your child's current sch nsider your application from th old property, or a rental agree	ool of your new address. If you expect ne new address if you provide evidence ement on the new property and
Child's Current School	Current Sch	ool's Postcode (if known)
	c care of a Local Authority? Yes No If yes Children must be made by the child's social worker.	s, state the Local Author	ity
Was the child formerly	r in public care? Yes No		
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Only tick yes if the child was previously looked after but ceased to be so because they were adopted (in accordance with the Adoption and Children Act 2002) or became subject to a child arrangements or special guardianship order (in accordance with the Children Act 1989). You will need to send evidence of this to the Admissions Team ASAP.

Exceptional Medical/Social Reasons Some schools give priority to children who have significant medical or social needs which can only be met by a specific school. For this to be considered you **must** provide written evidence from a hospital consultant or paediatrician or a relevant professional for social grounds. The evidence must explain why it is the **only** school that could meet your child's needs. Please read each school's admission policy as not all schools give priority. The evidence may need to be sent directly to the school or to the Admissions Team.

Applicant's Details

Full Name		Relationship to Child			
Home/Work Phone		Mobile Phone			
Email Address					
If any other person has parental responsibility for this child, please name them here.					
Full Name		Relationship to Child			

Please write the name and postcode (if known) of the additional schools for which you are applying for in order of preference.

Additional Preference	School Name School Postcode If there is a sibling attending (including half brothers and sisters, stepsiblings, adopted and fostered children living with the family at the same address), please write their name and DOB in the box below. If there is more than one, please provide details of the sibling who is nearest in age. Sibling Details
Additional Preference 2	School Name School Postcode If there is a sibling attending (including half brothers and sisters, stepsiblings, adopted and fostered children living with the family at the same address), please write their name and DOB in the box below. If there is more than one, please provide details of the sibling who is nearest in age. Sibling Details
Additional Preference 3	School Name School Postcode If there is a sibling attending (including half brothers and sisters, stepsiblings, adopted and fostered children living with the family at the same address), please write their name and DOB in the box below. If there is more than one, please provide details of the sibling who is nearest in age. Sibling Details
Additional Preference 4	School Name School Postcode If there is a sibling attending (including half brothers and sisters, stepsiblings, adopted and fostered children living with the family at the same address), please write their name and DOB in the box below. If there is more than one, please provide details of the sibling who is nearest in age. Sibling Details

Declaration

I have ranked the additional schools I wish to apply for in order of preference. I certify I have parental responsibility for the child named overleaf and that the information given is true to the best of my knowledge and belief. I understand that giving false or deliberately misleading information may result in the withdrawal of the offer of a school place.

Signature	
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Print name

Date

Please email the completed form to - primaryadmissions@bradford.gov.uk

Or post it to - Admissions Team, Margaret McMillan Tower, Princes Way, Bradford, BD1 1NN

IN ORDER TO BE CONSIDERED IN THE FIRST ROUND OF BACKFILLING, WE MUST RECEIVE THIS FORM BY 30 April

Any forms received after this point will be considered in a subsequent round of backfilling. (Backfilling is when places are allocated at undersubscribed schools and also at oversubscribed schools where places have recently become available.)

Bradford Metropolitan District Council is committed to compliance with the requirements of the General Data Protection Regulation and the Data Protection Act 2018. Further information about how we process your information can be found on the Council's privacy notice including contact details for the Council's Data Protection Officer: <u>www.bradford.gov.uk/privacy-notice</u> A paper copy of this information is available on request.