



In-year common application form (iCAF)

This form should be completed by parents/carers applying for a mainstream school place in Lewisham.

Please read the guidance notes carefully before completing the form.

Children who have a statement of special educational needs or Education Health Care Plan are not dealt with via the admissions process. Please contact the Children with Complex Needs Service on 020 3049 1475 for advice.

Reason for application – please tick one of the following:

- I am moving into another part of Lewisham
- I am moving into Lewisham from elsewhere in the UK (please attach a copy of the following as proof of address: council tax bill, utility bill and tenancy agreement for the new address and closing accounts for the same for the address vacated)
- The child has arrived from abroad. (please attach a copy of the following: proof of address plus child's full birth certificate, passport showing the entry visa)
- I wish to transfer my child from their current school in Lewisham to another school in Lewisham

1 Child's details

First name(s) _____
Surname _____
Date of birth _____ Gender (please circle) **male** **female**
Permanent home address _____
_____ Postcode _____
Home local authority _____

This must be the address where the child normally lives. If parents share custody, the permanent address will be considered to be that of the parent who is receiving benefit(s) for the child.

2 Parents'/carers' details

Parent/carer 1 with parental responsibility with whom the child lives permanently

Title _____ First name _____ Surname _____
Home tel no _____ Mobile tel no _____
Work tel no _____
Relationship to child: Mother Father Step-parent Foster parent Social worker
Other please specify _____

Parent/carer 2 with parental responsibility with whom the child lives permanently

Title _____ First name _____ Surname _____
Home tel no _____ Mobile tel no _____
Work tel no _____
Relationship to child: Mother Father Step-parent Foster parent Social worker
Other please specify _____

If you are not the child's parent (as recorded on the full birth certificate) please provide evidence that you have parental responsibility.

3 Child's education details

Name and address of current or last school attended.

_____ Postcode _____

Lewisham Council will inform your child's current school that you have requested a transfer and will seek further information to help the transfer process. Your child should continue attending their current school until a start date has been confirmed by the new school.

4 Siblings also applying – please ensure you complete a form for each child

First name _____ Surname _____ Date of birth _____

First name _____ Surname _____ Date of birth _____

First name _____ Surname _____ Date of birth _____

5 Children in public care or adopted children who were previously in public care prior to their adoption

Please complete this section if the child is:

- a) in the care of a local authority – please provide a letter from the child's social worker to confirm the child's status
- b) subject to a residence or special guardianship order – please supply a copy of that order
- c) the child was in public care but ceased to be so because they were adopted – please supply a copy of the adoption order.

6 Children who are newly arrived in the UK

Date of arrival in the UK _____

Country child arrived from _____

Country of origin (if different) _____

Does this child speak English? (please circle) **Yes** **No**

If **no**, what language does the child speak? _____

For children who have arrived from outside the EU – Please attach a copy of the page in the child's passport showing their photograph and the page showing the child's entry visa to the UK.

7 School preferences in the borough of Lewisham:

Please write the name of up to three maintained schools in the London Borough of Lewisham for which you wish to apply. Once you have submitted your application you cannot change or add to the list of preferred schools. You must list the schools in your order of preference. You must include all maintained schools, including academies (not private/independent schools), for which you are applying. Please include the name and date of birth of any brother or sister who is already attending the school you are applying for.

You may include reasons for your preference, including religious, philosophical, medical, social or any other reasons. If you are claiming a place on medical or social grounds you must provide professionally supported evidence with this application demonstrating why this particular school is the only one that can meet the needs of the child or family.

Full name and address of school	First name, surname, gender and date of birth of any brother or sister already attending the school		Reason for preferences						
1st preference	First name	<table border="1"> <tr> <td data-bbox="663 1093 743 1370">Surname</td> <td data-bbox="743 1093 842 1370">Date of birth</td> </tr> <tr> <td data-bbox="663 819 743 1093"></td> <td data-bbox="743 819 842 1093"> <table border="1"> <tr> <td data-bbox="743 1093 842 1227">Male</td> <td data-bbox="743 1227 842 1370">Female (please circle)</td> </tr> </table> </td> </tr> </table>	Surname	Date of birth		<table border="1"> <tr> <td data-bbox="743 1093 842 1227">Male</td> <td data-bbox="743 1227 842 1370">Female (please circle)</td> </tr> </table>	Male	Female (please circle)	<input type="checkbox"/> Tick box if documents are attached for medical/social reasons. Other reasons:
Surname	Date of birth								
	<table border="1"> <tr> <td data-bbox="743 1093 842 1227">Male</td> <td data-bbox="743 1227 842 1370">Female (please circle)</td> </tr> </table>	Male	Female (please circle)						
Male	Female (please circle)								
2nd preference	First name	<table border="1"> <tr> <td data-bbox="922 1093 1002 1370">Surname</td> <td data-bbox="1002 1093 1098 1370">Date of birth</td> </tr> <tr> <td data-bbox="922 819 1002 1093"></td> <td data-bbox="1002 819 1098 1093"> <table border="1"> <tr> <td data-bbox="1002 1093 1098 1227">Male</td> <td data-bbox="1002 1227 1098 1370">Female (please circle)</td> </tr> </table> </td> </tr> </table>	Surname	Date of birth		<table border="1"> <tr> <td data-bbox="1002 1093 1098 1227">Male</td> <td data-bbox="1002 1227 1098 1370">Female (please circle)</td> </tr> </table>	Male	Female (please circle)	<input type="checkbox"/> Tick box if documents are attached for medical/social reasons. Other reasons:
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Male	Female (please circle)								

8 So that Lewisham Council can determine whether this application qualifies for admission under the Fair Access Protocol please complete the following information

Has this child attended school in the UK previously (please circle) Yes No

If Yes please give the name and address of last schools attended

Name of School	Address of School	Leaving Date	Reason for Leaving
1.			
2.			
3.			

Please provide information why you are requesting a new school

- Has been Permanently Excluded Name of School _____ Date of Exclusion _____
 At Risk of Exclusion Elective Home Educated House Move
 Other – please provide details _____

9 To be completed by the child's current or most recent headteacher

Please give details of;

a) any exclusions this child has experienced in the last 2 academic years

b) the child's attendance record in the last 2 academic years

Agencies involved with the child

Please indicate whether any of the following agencies are involved with the child

<input type="checkbox"/> Behaviour Support	Name of contact
<input type="checkbox"/> Child and Adolescent Mental Health (CAMHS)	Name of contact
<input type="checkbox"/> Counselling	Name of contact
<input type="checkbox"/> Education Psychology	Name of contact
<input type="checkbox"/> Attendance Inclusion and Welfare	Name of contact
<input type="checkbox"/> Youth Offending Service (YOS)	Name of contact
<input type="checkbox"/> Children's social care	Name of contact
<input type="checkbox"/> Other	Name of contact

Name		School stamp
Position within school		
Name of school		
Telephone number		

10 Declaration and signature of parent/carer

I wish to apply for a place at each of the schools named in section and I have listed these schools in my order of preference.

I certify that I am the person with parental responsibility for this child who lives permanently with me at the address given.

I certify that the information I have given is true and complete. I authorise Lewisham Council to check the details I have supplied against any records held within the Council and by other agencies including local authorities. 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.

Admissions checklist

Before returning this form please ensure that you have enclosed all necessary documents as detailed in the admissions checklist on the guidance notes. Failure to do so will delay consideration of your child's application.

Parent/carer's signature _____ date _____

Parent/carer's full name (please print) _____

Data Protection Act 1998. This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies solely for this purpose. Information supplied will be used for registered purposes under the Data Protection Act 1998.

The completed form should be returned to:

**Admissions and Appeals Team
3rd floor Laurence House
Catford SE6 4RU**

For help and advice please contact:

Tel: 020 8314 8282

Guidance notes for parents who are applying for an in-year admission to a school in Lewisham

Please complete all sections of the form.

Failure to do so will delay your child's admission to school.

Parent/carer details

To establish the child's permanent home address and to prove you have parental responsibility, we will need some proofs. Please see the checklist below.

Some parents share the care of their child. Lewisham Council will normally accept that the child lives with the parent who has parental responsibility and is receiving child benefit and or child tax credit. Documentary evidence will be required.

Lewisham Council may withdraw an offer of a place if false or misleading information has been provided.

School preferences

You are entitled to name up to three schools located within the London Borough of Lewisham.

Sibling criterion: it is important that you state if your child has a sibling (a brother or sister), including step or foster siblings, already attending your preferred school. A sibling must live at the same address as the applicant.

Medical/social reasons: some schools give special consideration to children where the child or a family member has an exceptional medical or social need for a place at that particular school. You will need to provide professionally supported documentation demonstrating why the school is the only one able to meet the child's specific needs. This supporting evidence must be attached to your application.

Supplementary information form (SIF): most voluntary-aided and foundation schools and academies require you to complete a SIF. The SIFs are available from Lewisham Council's website at www.lewisham.gov.uk/schools, from the school's website or directly from the school.

Children in public care: please indicate on the form if you are a foster carer looking after the child and attach a letter from the social worker confirming the legal status of the child and the local authority with whom the child is in care.

Admissions checklist

Before returning this form please ensure that you have enclosed the documents listed below. Failure to do so will delay your child's admission to school.

You do not need to provide proof of address or parental responsibility (items 1 and 2) if your child is **currently on the roll of a Lewisham school** and there are **no changes to your address**. If you have moved please provide the relevant proof of address documents:

1. Proof of address – please provide a photocopy of one of the following documents as proof of your child's address:

- your current council tax bill
- your tenancy agreement
- your proof of house purchase

2. Proof of parental responsibility – please provide a photocopy of one of the following documents addressed to

- you and including your child's details:
- child tax credit letter
- child benefit letter
- any other document showing both the parent's and the child's name.

continued over >>

>> Guidance notes continued...

3. Ensure that your child's current headteacher has completed signed and stamped the information required in sections 8 and 9
4. Supporting evidence, if applicable (e.g. a letter from a hospital consultant, social worker or equivalent professional in support of any medical or social claim. This must demonstrate why the school is the only one to meet the needs of the child or family.)
5. A supplementary information form for any voluntary-aided or foundation schools or academies (this form should be sent directly to the school(s) concerned and not attached to this form).

Outcome of application

All your preferences will be considered at the same time, regardless of how you have ranked them. Providing your application is complete and includes the relevant proofs a letter will be sent within 20 school days of the date we received your application to let you know the outcome.

Lewisham residents:

If you are not offered a place at any of the schools you have named on your form and your child is not already on the roll of a school, you will be offered a place at an alternative school where there is a vacancy. Once a place is offered, your child's name will be removed from the list for other schools unless you request that your child's name remain on the list. Waiting lists are held until the end of the academic year applied for.

Voluntary-aided and foundation schools and academies in Lewisham have separate admissions criteria. You are advised to consider the admissions policies of these schools before you complete the iCAF.

Timing of admission

In cases of school transfers that do not involve a house move, or where there is no need for an immediate change of school, the school may arrange for the child to transfer at the beginning of term to minimise disruption to your own and other children's education.

Arrangements for in-year admissions to Lewisham community schools

From the autumn term of the admission year places for all year groups to a Lewisham community primary school will be offered to children in the following order:

- a) Children in public care (details must be supplied by the allocated social worker or foster carer). This means a child who is in care to a local authority or who is provided with accommodation by that authority as well as children who were looked after, but ceased to be so because they were adopted (or became subject to a residence order or special guardianship order).
- b) Children with severe social and medical need for that particular school and who would not otherwise qualify for admission. The application must be supported by a letter from a hospital consultant, social worker or similar professional setting out the reasons why the school is the only one to meet the child's needs.
- c) siblings of children already on the roll of the school.
- d) children who live nearest the school, the distance being measured in a straight line using digitised mapping software.

Children who are newly arrived in the borough and do not have a school place and have not been offered an alternative school place within a reasonable distance from the family home (i.e. two miles for children in Key Stage 1 and 3 miles for children in Key Stages 2, 3 and 4) will be placed under Lewisham Council's Fair Access protocol.

For admission arrangements for voluntary-aided and foundation schools and academies in Lewisham please go to www.lewisham.gov.uk/schools or contact the school direct.