

**CURRENT SCHOOL** 

## Access and Inclusion, Admissions and Transport Team

St Martins Place, 51 Bath Road, Slough, Berks SL1 3UF Tel: 01753 875728 Fax: 01753 875873 Email: admissionshelpline@slough.gov.uk Opening Hours: Tuesday and Thursday visits to MyCouncil, Landmark Place 10am-5.30pm Telephones: Wednesday and Fridays 10am to 5.30pm

DX 42270 Slough (west)

## Common Application Form (CAF) Admission to Upper Schools or Holyport College September 2019

This form is for Slough residents who wish to apply for a Year 9 place at a Windsor Upper School or Holyport College.

Please read the Royal Borough of Windsor & Maidenhead's **admissions booklet** carefully before completing this form. Copies of school prospectuses may be obtained directly from the schools. Please complete and return to Admissions and Transport Team, Slough Borough Council, St Martins Place, 51 Bath Road, Slough SL1 3UF

**Closing date: 31 October 2018.** Forms received after this date will be regarded as late and this is likely to adversely affect your application.

Please note Holyport College offers day spaces and boarding spaces and can be listed as separate preferences on your Middle to Upper transfer form. You must specify where you are applying for a day or boarding place. For further information, please refer to RBWM website.

Please complete the information below using capital letters and black ink:

PUPIL'S NAME (as stated on birth certificate)													
Surname			Forename			Date of birt	:h						
		Female	e		(Please d	elete as approp	oriate)						
Homes Address													
			Postcode										
h coun	icil do you												
Name of first parent/carer living at home address above:													
			First name			Surname							
Relationship to Child						Mobile Number							
elepho	ne				Work	Telephone							
Name of second parent/carer:													
			First name			Surname							
Relationship to Child					Mobi	Mobile Number							
elepho	ne				Work	Telephone							
s if diffe	erent from	above											
								Postcode					
	Address  h cour  of first  elepho  of seco	Address  h council do you  of first parent/counship to Child elephone  of second parent  nship to Child elephone	Female Address  h council do you pay you of first parent/carer livi nship to Child elephone  of second parent/carer:	Forename  Female  Address  h council do you pay your council tax?  of first parent/carer living at home account of the second parent/carer:  First name  of second parent/carer:  First name  aship to Child elephone	Female  Address  h council do you pay your council tax?  of first parent/carer living at home address  First name  aship to Child elephone  First name  First name  of second parent/carer:  First name	Female  Female  Female  Address  Address  Address  Address  Address  Address  First parent/carer living at home address above:  First name  Aship to Child  Address  First name  First name  Mobile elephone  First name  Mobile elephone  Address  First name  Mobile elephone  Mobile elephone  Mobile elephone  Forename  Mobile elephone	Female   Forename   Date of birth	Female   Forename   Date of birth	Female (Please delete as appropriate)  Address  Postcode  h council do you pay your council tax?  First name Surname  nship to Child Mobile Number elephone Work Telephone  First name Surname  Surname  Mobile Number  Work Telephone  Surname  Surname  Work Telephone  Surname  Surname  Work Telephone  Surname  Surname  Work Telephone  Surname  Surname  Mobile Number  Work Telephone				

Under the Coordinated Admission Arrangements only one application form is required and accepted for an upper school place. Data is exchanged between all authorities, where necessary.

Has your child a statemen	nt of Special Educat	YES /	NO (/	Please delete as appropriate)	
Is your child Looked After	by (in the care of)	the Local Authorit	y? YES/	NO (F	Please delete as appropriate)
Is the child above privatel fostered?	y YES / NO		•		they are cared for by someo t of the local authority.
Are you applying on stror	ng social/medical o	grounds?	YES /	NO (F	Please delete as appropriate)
If yes please supply confir	mation from the p	professional perso	n/agency invo	ved in th	e case.
Has your child a brother o	or sister, including s	stepbrothers and	YES /	NO (/	Please delete as appropriate)
sisters living in the same lattend an upper school du September 2019? (applies	uring the academic	c year starting			
Name			Date of birth		
School					
If your child currently attedate of entry into the Win		•			
Are you applying on speci	ialist status ground	ds?	YES /	NO (F	Please delete as appropriate)
If yes please supply evide	nce of aptitude wit	th your application	n (Applies to Wi	ndsor Bo	ys' school only)
Please state an upper school the information booklet and application.					•
First Preference:					Office use
Second Preference:					Office use
Third Preference:					Office use
The Authority reserves the rig			orm. Any offer of	a nlaco wil	I ha on the basis that the
information supplied is accura		_	•	-	
Signature(s) of Parent(s)/Care	er(s)				Date
Under the Data Protection Act 2018, v information with government and loo information please visit: www.slou provided links or wish to submit	cal authority departments augh.gov.uk/yourprivacy. Co	and other authorised orgai ompleting this form and sig	nisations for administ Ining it gives us your	ative, statisti nformed con	cal and research purposes. For furt
In order to ensure that the cou the details below. It is purely f		• •	•	•	•
You do not have to fill in this s	section if you do not w	vant to. I would descr	ibe my child's eth	nic origin a	as (please tick)
Black Caribbean	Pakistani	White	JK European		Asylum Seeker
Black African	Bangladeshi	Irish			Refugee Status
Chinese	Kashmiri		uropean		
Indian	Other	please	specify		
For applicants of mixed racial or 6	at a contract to the second		ur self assessment		