



DERBY CITY COUNCIL
Education Service

Admission to Secondary School Common Application Form



Please return this form to Admissions, Middleton House, 27 St Mary's Gate, Derby DE1 3NN

Child's first name _____ Child's last name _____

Date of Birth _____ Gender M ☐ F ☐

Address _____ Telephone Number _____

Day _____

Night _____

Mobile _____

Postcode _____ Email address _____

PRESENT/PREVIOUS SCHOOL* _____

*please delete as appropriate

If your child is currently attending a school, we may need to contact you and their current school for information on your application.

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Please **tick** appropriate box

Please print name in CAPITAL LETTERS _____

Please read declaration overleaf before signing

Your relationship to the child _____

Do you have parental responsibility for this child? Yes ☐ No ☐

Is the child looked after or in the care of a local authority? Yes ☐ No ☐

If 'yes', by which authority? _____

Does the child have a Statement of Special Educational Need Yes ☐ No ☐

PREFERENCES - Please give brief reasons over the page

1 _____

2 _____

3 _____

If you wish to confirm your catchment area school please phone 01332 716941/2

Sibling name _____ School _____

Sibling name _____ School _____

Sibling name _____ School _____

REASONS FOR PREFERENCES

Does your child speak and understand English?

Yes ☐

No ☐

Equality in Action

We at Derby City Council take pride in the services we deliver. We want to make sure that our services are appropriate, fully accessible and free from any barriers or discrimination on the grounds of gender, race, colour, ethnic or national origin, religion, disability, marital status, age sexuality or because of living with HIV/AIDS.

White

British ☐
Irish ☐
Traveller of Irish Heritage ☐
Gypsy/Roma ☐
Any other white background ☐

Mixed

White and Black Caribbean ☐
White and Black African ☐
White and Asian ☐
Any other mixed background ☐

Asian or Asian British

Indian ☐
Pakistani ☐
Bangladeshi ☐
Any other asian background ☐

Black or Black British

Caribbean ☐
African ☐
Other black background ☐

Chinese

Any other ethnic background ☐

Refugee/Asylum Seeker

☐

I do not wish an ethnic background category to be recorded ☐

Declaration:

I confirm that the above named child is permanently resident at the address stated. I certify that the information given by me on this form is complete and true and I understand that the Council/other Admission Authorities will take such steps as they consider necessary to verify the same. This may mean contacting your present or previous school. I note that misleading or fraudulent information could result in the withdrawal of any offer of a school place.

SIGNED: _____ DATE: _____



All information provided will be treated in confidence, used for the sole purpose of fulfilling the Authority's statutory and operational needs in relation to school admissions in accordance with the Data Protection Act 1998 for the purpose of confirming or providing a school place for your child or children. The information provided will be shared with the Education Welfare Service and your preferred schools.