

3 Children in care

If the child is or was in the care of a local authority, please say which.

Social worker's name:

Phone number:

If the child is or was in care and you want us to apply priority one to your application, you will need to provide documents to show the child is or was in the care of a local authority.

4 Children born outside the UK (See important information on page 3.)

Which country was the child born in?

Date of entry to UK: Day Month Year Child's first language:

Is the child in the country now? Yes No Can the child speak, read and write fluent English? Yes No

5 School preferences

Note 1. Please write the names of up to three different Barking and Dagenham schools in the borough you want to apply for. You must list the schools in the order you prefer them.

Note 2. Please include the name, date of birth and sex of any relevant sibling (brother or sister) who is already at a school you are applying for. 'Sibling' includes a full, half, step, adopted or long-term fostered brother or sister living at the same address and currently at the school.

Note 3. If you want to give reasons for your preference for any school, please use the section provided.

It is very important that you check the admission criteria (arrangements) of each school you are applying for to see if your child can be given priority. Please remember that we only offer places in line with the published admission criteria for each of the schools you list below and not your reasons for wanting that school.

School name See note 1 above	Relevant sibling's (brother or sister) details See note 2 above	Reason for preference See note 3 above
Preference 1		
Preference 2		
Preference 3		

If we cannot offer your child a place at one of your preferences listed above, would you prefer your child to continue going to their current school?

Yes No

6 Declaration and signature of the parent or carer

- I have read and understood your admission process within the booklet 'Finding a School Place - Issue 4' and want to apply for a place at each of the schools named in section 5, and have listed these schools in my order of preference. This means that I no longer want to apply for any schools that I named on any previous forms and which I have not named on this form. The ranking of my preferred schools on this form is my current ranking, so please ignore any previous ranking order.
- I confirm that I am the person with parental responsibility for the child named in section 1 and that as far as I know the information I have given is correct.
- I understand that if I give any false or deliberately misleading information on this form, or supporting information, this application will no longer be valid and you may withdraw the offer of a school place.

Title: Mr Mrs Ms Miss First name:

Last name:

Relationship to the child: Mother Father Step-parent Foster-parent Social worker Other family member Other contact

If you are not the child's natural parent, please attach documents that prove that you are the guardian and have parental responsibility for that child.

Home phone number: Daytime phone number:

Email:

Password: Your password must be at least 8 and no more than 12 letters long.

Your signature: Date:

We may pass the information you give on this form to schools inside or outside the borough or to other local education authorities as part of the admissions procedure. We will pass the information to the school the child is offered a place at, where it will form part of the pupil database that the school maintains.

We will deal with any personal information you provide in line with the Data Protection Act 1998.

Section B – Present or previous school details (This section should be filled in and signed by the head of year or head teacher of your child’s previous UK school.)

We may be able to consider your child under our ‘fair access protocol’ policy if this section is filled in.

Child’s legal first name:

Child’s legal last name:

Date of birth: Day Month Year UPN number:

Date this ICAF form was received Dates of attendance at this school: From To

Attendance (%) <input type="text"/>	Period covered <input type="text"/>
<p>If attendance was lower than 85%, please give the reason why.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Was an attendance officer involved? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

<p>Attainment Please give key stage levels the child is currently working at. (National Curriculum levels at KS1, KS2, KS3 and KS4)</p>
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Important information

- We may be able to consider your child under our ‘fair access protocol’ policy if you fill in question 4 and part B of this ICAF.
- We will let you know that we have received this form only if you fill in the receipt (section 7) and you send us a stamped self-addressed envelope, or you can take your form to either of our one-stop shops. If you do not hear from us within 14 days of posting your form, it is likely that we did not receive it.
- If any of the details about your child change, please tell us immediately in writing.
- If we can prove that your child has been offered a place based on false, misleading or inaccurate information, we will withdraw the place.

If you need any more information, please contact us: **In person at our one-stop shop:**



Open:
 Monday to Friday 9am until 5pm and Saturdays 9am until 1pm
Dagenham Library - 1 Church Elm Lane, Dagenham, Essex, RM10 9QS
 By post: School Admissions Team, Town Hall, Barking, Essex, IG11 7LU.
 By phone: 020 8215 3004

Section B (continued)

Support provided. Please tick the boxes that apply and attach reports or provide details on an extra sheet.

Child and Family Service	<input type="checkbox"/>	Pastoral support plan	<input type="checkbox"/>	Young carer	<input type="checkbox"/>
Educational Psychologist Service	<input type="checkbox"/>	PRU or other provision	<input type="checkbox"/>	Youth Offending Service	<input type="checkbox"/>
Looked-after Team	<input type="checkbox"/>	Refugee and Traveller Service	<input type="checkbox"/>	Other	<input type="checkbox"/>
Social worker's name	<input type="text"/>				
Phone number of authority	<input type="text"/>				
Does the child have a common assessment framework (CAF)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is a CAF being considered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child receive more than 15 hours of support each week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child have a Statement or EHC plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the child been issued with any fixed-term exclusions in the last academic year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Numbers of days lost due to fixed-term exclusion in the last academic year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the child been permanently excluded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Give date of permanent exclusion	<input type="text"/>	

Other support provided

Please add any other comments you think we may find helpful.

To help this child move easily into their future school, please give full contact details below so the new school can discuss the above with you if necessary. Thank you for your help in filling in this form.

Your name:	<input type="text"/>	School stamp		
Phone (including extension):	<input type="text"/>			
School name:	<input type="text"/>			
Email address:	<input type="text"/>			
Local authority number:	<input type="text"/>		Department for Education number:	<input type="text"/>
Your signature:	<input type="text"/>		Date:	<input type="text"/>

7 Getting a receipt

You must fill in your child's details below and provide a stamped self-addressed envelope if you want us to return this receipt or take your form to our one-stop shop listed on the previous page (page 3).

Admissions or OSS stamp only	First name:	<input type="text"/>	Date of birth:	<input type="text"/>
	Last name:	<input type="text"/>	<input type="text"/>	
	Preferences listed on your In-year common application form			
	Preference 1	<input type="text"/>		
	Preference 2	<input type="text"/>		
Preference 3	<input type="text"/>			

Password you have listed in Section 6:

Please make a note of your password, as we will ask you for it when you visit or phone us for information.