IN-YEAR COMMON APPLICATION FORM (ICAF)

Please read the guidance notes before completing this form

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

If your child has an Education Health & Care Plan (EHCP), do not complete this form, please call the SEND Specialist Assessment and Support Service on 01274 435750 for further guidance.

Part1: Your Application (*applications for Children in Care MUST be made by the child's Social Worker)					
Section 1: Child's details – please complete all sections, even if the last school was abroad					
Forename(s)					
Surname					
Date of birth			**Gender**		
Home address			**Postcode**		
How long have they lived here?					
If you have moved recently or plan to move, you will need to provide evidence of your new or future address.					
Future address (if applicable)			**Moving date**		
Are they a Child in Care?	Yes* / No / Previously		**Do they speak English?**	Yes / No / Some	
Most recent school / PRU					
School address					
Are they still attending?	Yes / No	**Date started**		**Date last attended**	

Section 2: Your details - we will only be able to discuss the application with people named on this form					
Where parents have shared responsibility, they must discuss and agree on their preferred school before submitting the ICAF					
Title		**Forename**		**Surname**	
Relationship to the child	Mother ☐ Father ☐ Social Worker* ☐ Other (please specify):				
Contact details	Phone:		Email:		
Your home language			**Do you speak English?**	Yes / No / Some	
Other contacts - if you give permission for the application to be discussed with other adults (e.g. your partner), please provide details here	**Name**		**Phone number**	**Relationship to the child**	
	Who else has parental responsibility for this child?				
Are you applying for more than one child?	Yes / No		**Total number of applications**		

Section 3: Your school preferences and reason for application			
If you wish to be considered for your nearest schools but do not know the names of them, please tick this box and we will measure the closest schools by walking distance for you			
---------- or list up to five schools for which you would like to be considered ----------			
1st preference		Tick if a sibling attends	
2nd preference		Tick if a sibling attends	
3rd preference		Tick if a sibling attends	
4th preference		Tick if a sibling attends	
5th preference		Tick if a sibling attends	
Sibling's name and date of birth			
If you will be applying for the same schools for an additional sibling to transfer from primary to secondary school or start Reception in September, please provide their name and date of birth here.	There is a different process for these applications, please contact the Admissions Team if you require information on how to make an application for this sibling.		

Reason for application (please tick)	**New / Returned to the Bradford district (proof of address required)** Please also state which city / country you have moved from…	
	Moved from one area of Bradford to another (proof of address required) Please note that your child must continue to attend their current school until a transfer is arranged.	
	My child is having difficulties at their current school Please talk to your child's current school before submitting the form and add further details in Section 4	

Section 4: Additional information – please answer fully as this may affect how we process the application

If you answer "Yes" to any of these questions, please add further details in the box at the end of this section.

Does this child have a disability, special educational needs or a serious medical condition? Please attach any relevant supporting documents.	Yes / No
Are you a Gypsy, Roma or Traveller family?	Yes / No
Are you a refugee or asylum seeker (include relocation scheme, if relevant)?	Yes / No
Is this child a Young Carer?	Yes / No
Has this child been permanently excluded from school?	Yes / No
Is this child returning from the criminal justice system?	Yes / No

Please add any further details here and continue on a separate sheet, if necessary:

Section 5: Agency involvement – please provide contact details for any support workers you may have

Support worker's name	Who do they work for?	What is their phone number?

Section 6: Declaration – please read the following statements and sign below

• I certify that I have parental responsibility for the child named in Section 1, that no other adult with parental responsibility objects to this application and that the information given on this form is true to the best of my knowledge and belief. I understand that giving false or misleading information, or withholding any relevant information, may result in the withdrawal of the offer of a school place.

• I understand that additional information may be requested from previous schools, local authorities or other agencies to validate this application.

Signature of parent/carer _____ **Date**:

General Data Protection Regulation: *In processing your application we will share information with services within the Council and also with other relevant organisations such as schools, NHS and the Police etc. We will also give some information about you to relevant government departments, such as the Department for Education etc, for statutory reporting purposes and in order to make the services of Bradford better. There may be circumstances where we need to use and share your information without your agreement; however this will only occur where we are legally required to do so. The full School Admissions Privacy Notice is available on the Council website.*

Part 2: To be completed by a Senior Leader at your child's current/most recent school (even if not in Bradford)

Please confirm the attendance dates in Section 1, stamp the form and tick the relevant box below.

School name		**Contact name**	
Tel / email		**Post title**	

1) The pupil has good attendance and behaviour records and requires no additional support in school – application can be returned to parent to submit to the Admissions Team		**School Stamp**
2) The pupil requires/receives additional support – application to be submitted by school Please provide an outline below and continue on a separate sheet, if necessary. This information may be used to determine an allocation through the Fair Access Protocol and you may be contacted for further details.		
3)The pupil is at risk of permanent exclusion – application to be submitted by school Please detail any fixed-term exclusions and attach the child's behaviour log. This information may be used to determine an allocation through the Fair Access Protocol and you may be contacted for further details.		