



IN YEAR APPLICATION FORM Academic Year 2024/2025

(This form must be completed when applying for a place in current Year R – Year 6. Please use black ink)

Please read the accompanying guidance notes and Surrey County Council's booklet on in year admissions www.surreycc.gov.uk/admissions before completing the form.

1. Child's Details

Surname: _____		Date of Birth : ____/____/____ M <input type="checkbox"/> / F <input type="checkbox"/>	
First Name: _____		Middle Name: _____	
Home Address: _____ _____			
Postcode: _____		Date Moved to this Address: ____/____/____	
Email address: _____			
Name and address of current school: _____ _____ Postcode: _____			
Date started at current school: ____/____/____			
Other schools attended (<i>please provide the name and address of all schools previously attended stating from – to dates</i>) _____ _____			
Reason for applying for a change of school, or if not currently in school, the reason for leaving previous school			
Is the child in the care of a Local Authority?			Yes <input type="checkbox"/> / No <input type="checkbox"/>
If Yes, you should not complete this form but should refer to the child's social worker to complete Surrey's separate form 'Child in care application or in year admission to school'.			
If No, has the child previously been in care and did they leave care through adoption, a special guardianship order or a residence order?		Yes <input type="checkbox"/> / No <input type="checkbox"/> Local Authority: _____	
Does your child have an Educational Health Care Plan?			Yes <input type="checkbox"/> / No <input type="checkbox"/>
If Yes, you should not complete this form but should refer to the child's special educational needs case officer for details on how to apply for a school place.			
Does the child have any restrictions on their residency in the United Kingdom? If Yes, please see guidance notes			Yes <input type="checkbox"/> / No <input type="checkbox"/>

2. School Preference

School	Exceptional, medical or social reasons	Name and date of birth of any siblings for whom you wish to claim sibling priority	Optional – reasons for preference (please continue on a separate sheet of paper if necessary)
BOXGROVE PRIMARY SCHOOL	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Sibling Name: _____ DoB: _____ Gender: _____	

3. Headteacher Statement (current school) – (please continue any section on a separate sheet if necessary)

Child's Name: _____ Date of Birth : ____/____/____	
What date was the child put on roll at your school:	____/____/____
Is the child still on roll at your school	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Have you discussed with the parents their reasons for wishing to change school? If so, please give details of those reasons, what support you have provided and indicate whether or not you believe a change of school is appropriate:	
Attendance Rate: Current Academic Year _____% Previous Academic Year _____%	
If unsatisfactory what may have affected attendance?	
Is the child on the SEN Register? Yes <input type="checkbox"/> / No <input type="checkbox"/>	If Yes, what stage and category?
Please give details of any exclusions relating to this child, including dates and reasons:	
If the parent has given 'bullying' as a reason for leaving or transferring, please give details below, including actions taken by the school in association with the family to help resolve this:	
Have you had cause to liaise with any other professionals/educational specialists regarding this child? If so, please indicate the services involved and the reasons:	

In considering the application for a place at Boxgrove, do you have any other comments to make to enable us to make a decision relating to the placement/level of support required?

Name and address of school: _____

School Stamp:

Signed: _____

Date: _____

YOU SHOULD NOW PASS THIS FORM BACK TO THE PARENT/GUARDIAN/CARER

4. Parent/Guardian/Carer's Details

Surname: _____ First Name: _____ Title: _____

Address:

_____ Postcode: _____

Telephone Numbers: Day _____ Evening _____ Mobile _____

Email: _____

Do you have parental responsibility for this child? (please see guidance notes)

Yes / No

Relationship to child: Mother , Father , Step Parent , Carer , Social Worker ,

*Other relative _____ , *Other contact _____ ,

**Please add more details*

Are you working as a Crown Servant or in Her Majesty's Armed Forces? If Yes, you must provide evidence to support this.

Yes / No

Are you also making an application for any other children who are part of the same family? If Yes, please confirm their names and dates of birth so that, if appropriate, their applications might be considered together:

Name: _____ DoB _____

Name: _____ DoB _____

Name: _____ DoB _____

5. Declaration of Parent/Guardian/Carer

I wish to apply for a place at Boxgrove Primary School. I certify that the information given is true to the best of my knowledge and belief. I understand that if I give any false or deliberately misleading information on this form and/or supporting documents, or withhold any relevant information, this may render my application invalid and/or lead to the withdrawal of an offer of a school place for my child. I understand that it is my responsibility to provide full information to the school and that I will notify the school of any changes to the details on this form or accompanying evidence as soon as they occur, including any change of address. I understand that this school will share details of my application with Surrey County Council.

Name: _____
(please print name of parent/guardian/carers)

Signature: _____

Date: _____

The next steps – you should now ensure that you have enclosed the following information:

- A copy of your current Council Tax bill/tenancy agreement and a recent utility bill to confirm residence
- Professional evidence to support a social or medical priority application
- If the child is not a British Citizen or EEA national, a copy of the child's passport, visa and any relevant Home Office documentation. NB: Places cannot be offered until the child is resident in the UK
- If you are not the child's parent and the child is not in the care of a Local Authority, a letter from the parent to explain the circumstances, or a copy of the official documentation to show legal guardianship of the child

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS RECEIVED

Please return the completed form and supporting evidence to:

Admissions
Boxgrove Primary School
Boxgrove Lane
Guildford
Surrey GU1 2TD

Or email:

info@boxgrove.surrey.sch.uk

Personal Information Policy – Boxgrove Primary School (BPS) respects your rights and is committed to ensuring that it protects your details. In accordance with the Data Protection Act 1998, BPS will use your information for the purpose of processing your application for a school place.