



## The Gerrards Cross CE School In Year Application Form

Please print and complete this form, then return to the school. It may be scanned and emailed to [admissions@gerrardscross.bucks.sch.uk](mailto:admissions@gerrardscross.bucks.sch.uk).

### 1. CHILD'S DETAILS

The legal surname is the one on your child's birth certificate, adoption certificate or change of name deed poll. Please tell us if your child uses a different surname on a day to day basis.

Legal Surname	Date of Birth
First Name(s)	Male/Female

The address on the application form should be your child's normal home address at the time of application. Please include a Council Tax statement or utility bill (dated within the last three months) showing that you currently live at the address given.

Normal Home Address (This is the address at which your child normally lives, see Admission Policy for details.)	Postcode:
Please enclose a council tax or utility bill (dated within the last three months) with your application for this address. Good quality photocopies or scanned documents are acceptable. Originals will be returned to you.	
Name and address of current (or most recent) school/nursery	If no longer attending, please give last date of attendance:
Telephone number of school/nursery	

If you are moving to the area, you can apply to us in advance of your move. You **MUST** provide proof of your move as follows:

- Evidence that you have sold, or are in the process of selling, your previous property, or that a previous lease agreement has expired.
- Confirmation that your house purchase is legally binding (in other words, you have already exchanged contracts and have a confirmed date for completion); or
- A formal lease agreement of at least six months.



Are there Exceptional Social or Medical Needs that make it essential that your child attends this school?	YES/NO If yes please give details  <input type="checkbox"/> Written evidence from the appropriate professional attached
Are you eligible for Pupil Premium?	YES/NO If yes, please complete the attached form  <input type="checkbox"/> Proof of eligibility for Pupil Premium attached
Are you applying with a Christian church connection? ( <i>Supplementary Information required.</i> )	YES/NO  <input type="checkbox"/> Church Attendance form attached

### 3. REASON FOR REQUEST FOR ADMISSION

Are you applying because you are moving into the area?	YES/NO If yes, please ensure you have provided evidence of your move as requested above.
Is your child transferring from another local school?	YES/NO If yes, please give details.

### 4. EDUCATION

Which year group is your child currently in?	
Does your child hold a Statement of Special Educational Need (SEN)?	YES/UNDERGOING ASSESSMENT/NO Please give details as appropriate.

### 5. FURTHER INFORMATION

Is there anything else you think we need to know to process this application?
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**6. PARENTAL DECLARATION** (please tick to confirm)

- I certify that I have parental responsibility for the child named in Section 1, and that this application has the agreement of all parents/carers listed in section 2.
- I confirm that the information I have provided is to the best of my knowledge correct and up to date. I understand if I give any false or deliberately misleading information on this form and/or supporting papers or withhold any relevant information, this may lead to the withdrawal of an offer of a school place for my child.
- I hereby authorise the school to contact my child's previous school/nursery if required.
- I have read and understood the school's Admission Policy.

Signature of Parent/Carer.....Date.....

Information supplied will be used for registration purposes under the Data Protection Act 1998.

Once completed you should return this form, with any supplementary paperwork to:

The Admissions Secretary, The Gerrards Cross CE School, Moreland Drive, Gerrards Cross, Bucks, SL9 8BD

Or scan and email to: [admissions@gerrardscross.bucks.sch.uk](mailto:admissions@gerrardscross.bucks.sch.uk)

If you have any questions please contact the school office on 01753 882731



## Application to Attend the Gerrards Cross CE School

### Supplementary Information

*Please print and complete this form, then return to the school. It may be scanned and emailed to [admissions@gerrardscross.bucks.sch.uk](mailto:admissions@gerrardscross.bucks.sch.uk).*

This form is only required where a parent is seeking admission for a child on the ground that the parent is a regular worshipper, i.e. at least twice per month on average over the past year, as in criteria 5 and 6 of the school's Admission Policy.

In cases where attendance at a previous church is to be considered, please ask the priest or minister at the previous church to verify attendance at that church, at least twice per month on average, and indicate the period of such attendance. Use a separate form for each church.

#### For completion by the parent

Name of child: ..... Date of Birth .....

Name of parent/guardian: .....

Address of parent/guardian: .....

.....  
.....  
.....  
.....

Church attended:.....

*Please tick those that apply:*

- I have been attending the above Church at least twice per month on average for the past year.
- I have been attending the above Church at least twice a month on average since .....  
(Please insert date – for use where the parent has not been attending the Church for a whole year.)
- I attended the above Church at least twice a month on average from..... to.....  
(Please insert dates – for previous church attendance.)

Signature of parent:..... Date:.....

#### To the priest/minister

*In order to help the school to correctly apply its Admission Policy, please verify the above information.*

I am able/unable to verify the statement made by the parent named above.

Signed: ..... Date:.....

Name:..... Position.....

## THE GERRARDS CROSS CE SCHOOL

### APPLICATION FOR PUPIL PREMIUM GRANT including provision of Free School Meals

Midday provision of meals is given free of charge **only** to pupils whose **parents/guardians** are in receipt of:

- INCOME SUPPORT (IS)
- INCOME BASED JOB SEEKERS ALLOWANCE (IBJSA)
- AN INCOME-RELATED EMPLOYMENT AND SUPPORT ALLOWANCE
- CHILD TAX CREDIT: except if you meet ANY of the following criteria - i) entitled to working tax credit (regardless of income) ii) have an annual income in excess of £16,190 (Please note that this figure is for April 2016 and that it can change each year).
- SUPPORT UNDER PART VI OF THE IMMIGRATION AND ASYLUM ACT 1999
- GUARANTEE ELEMENT OF STATE PENSION CREDIT (GE)

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#### DETAILS OF CLAIMANT (Parent / Carer):

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ (Mr/Mrs/Miss/Ms)

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ National Insurance No: \_\_\_\_\_

I am in receipt of (please circle): IS / IBJSA / Income related allowance / Child Tax Credit / Support under I&A Act / GE

#### DETAILS OF ALL DEPENDENT CHILD/CHILDREN LIVING AT HOME:

Family Name	First name(s)	M/F	D.O.B	Class

Please indicate if you wish for your child/children to receive free meals: Yes/No

#### FORM MUST BE RETURNED WITH:

For entitlement through Child Tax Credit

- Photocopy of Form TC602 – Inland Revenue tax credit award notice

For entitlement through Guarantee Element of State Pension Credit

- Photocopy of Pension Credit M1000 award notice

For all other entitlements

- Photocopy of your income support book or a recent letter stating that you are receiving either Job Seekers Allowance (Income Based), Income Support or Support under Part VI of the Immigration and Asylum Act 1999

PLEASE SIGN THE FOLLOWING DECLARATION:

I certify that the information given is to the best of my knowledge and belief correct. I undertake to notify the school immediately of any change in my circumstances. I agree that you will use the information I have provided to process my claim for free school lunches and will contact other sources as allowed by the law to verify my initial, and ongoing, entitlement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_