IN-YEAR COMMON APPLICATION FORM (ICAF)

Please read the guidance notes before completing this form



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 shild's Social Worker)

•		• •							child's Social Worke	r)	
Section 1: Chil	ld's details –	please (compl	lete all	sections,	even if the	e last	school wa	s abroad		
Forename(s)											
Surname											
Date of birth								Gender			
Home address								Postcode			
How long have	e they lived h	nere?									
If you have move	ed recently or p	lan to mo	ove, yo	<mark>u will ne</mark>	ed to prov	ide evidence	of you	ır new or fut	ure address.		
Future address								Moving			
(if applicable)						date		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 a	attending?	Yes /	No	Date	started			Date last	attended		
Section 2: You	ır details - we	will or	nly be	able to	discuss	the applica	tion v	with peopl	e named on this for	m	
									before submitting the IC		
Title	Forename					Surname					
Relationship t	o the child	Mothe	er 🔃	Father	Socia	Worker*	Ot	her (please	specify):		
Contact details		Phone:				Email:					
Your home language		!				Do you speak English?		English?	Yes / No / Some		
Other contact	S - if you give	Name				Phone num	ber		Relationship to the child		
permission for th											
to be discussed with other											
adults (e.g. your partner),		Who else has parental responsibility for this child?									
please provide details here Are you applying for more		than one child?				es / No Total numbe			r of applications		
Section 3: You						-					
							he nai	mes of then	n, please tick this		
box and we wil	I measure the	closest	school	ls by wa	alking dista	ance for you	1		n, picase tiek tins		
		st up to f	ive sch	ools for	which you	would like to	be co	onsidered			
1 st preference	!								Tick if a sibling attends		
2 nd preference									Tick if a sibling attends		
3 rd preference									Tick if a sibling attends		
4 th preference									Tick if a sibling attends		
5 th preference									Tick if a sibling attends		
Sibling's name	e and date of	birth									
If you will be app	olying for the sa	me scho	ols for						, please contact the Admiss		
additional sibling								ng.			
secondary schoo please provide th	•		-								
piease provide tr					d district	(proof of add	lress re	equired)			
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)									
		lease note that your child must continue to attend their current school until a transfer is arranged.									
	My child is	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: Add	ditional informa	tion – please answer fully	as this may a	ffect how we proce	ess the application				
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?									
Are you a refugee or asylum seeker (include relocation scheme, if relevant)?									
Is this child a	Young Carer?				Yes / No				
Has this child been permanently excluded from school?									
Is this child re	turning from the	e criminal justice system?			Yes / No				
·		and continue on a separate she	·						
	-	t – please provide contac	t details for a	ny support workers	s you may have				
Support wo	orker's name	Who do they work f	or?	What is their ph	phone number?				
		read the following statement							
 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 chil	d's current/m	ost recent school (even if not in Bradford)				
Please confirm	n the attendanc	e dates in Section 1, stam	p the form an	d tick the relevant	box below.				
School name			Contact name						
Tel / email			Post title						
	_	nd behaviour records and requ rent to submit to the Admissio		l support in school	School Stamp				
	•	ional support – application to	•						
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.									
	-	exclusion – application to be su	-						
-		nd attach the child's behaviour log r Access Protocol and you may be ប		•					