In-Year Common Application Form (ICAF)

- This form is only to be used for applying for schools/academies in Kirklees
- Please complete **BOTH** sides of this form in BLOCK CAPITALS/BLACK INK and sign it on the back.
- THE FORM SHOULD BE RETURNED TO THE SCHOOL NAMED IN SECTION 7.

Section I: Doesyour child have an Education Health and Care Plan?

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deta	ils											
name				Child's name	Child's 'known as' last name (if applicable)							
				Child's	middle na	mes(s)						
ı	day	month	year				Male	2	Female			
/care	r detai	ls										
Parent/carer last name				Parent	Parent/carer first name							
please	circle)			Other		•						
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						Sil	Sibling's date of birth					
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					Moving	day		month	year			
					Date	_			,			
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caro	(a looko	d after chi	ild)?				Yes □	No) 			
. Cai e	(a looke	d arcer ern	,	Has your child previously been in public care (a previously looked after child) or								
	`		(a previ	iously looke	d after chil	d) or						
ously b	een in p	ublic care		iously looke a result of b		•						
	/care ame please Car (brote same ase no	day /carer detai me please circle) Carer daytime s (brothers and e same family a ase note that of the complex of the co	day month /carer details ame please circle) Carer daytime s (brothers and sisters, ir e same family at the sarrase note that cousins do Sibling	day month year /carer details me please circle) Carer daytime s (brothers and sisters, including e same family at the same additionable ase note that cousins do not cousibling's first shouse ction if you will be moving ho	Ame Child's name Child's Child's Child's (Child's (please)) Carer details Ame Parent Please circle) Carer (please) daytime evening s (brothers and sisters, including half brother es same family at the same address) attendase note that cousins do not count as siblings Sibling's first name s house S thouse S thouse	Child's 'known as' name (if applicabe Child's middle na Child's sex (please circle) // carer details me Parent/carer first please circle) Carer (please specify) daytime evening s (brothers and sisters, including half brothers and sister e same family at the same address) attend the school ase note that cousins do not count as siblings. Sibling's first name s house ction if you will be moving house	Child's 'known as' last name (if applicable) Child's middle names(s) Child's sex (please circle) Carer details Parent/carer first name Please circle) Carer (please specify) daytime evening s (brothers and sisters, including half brothers and sisters, stepce same family at the same address) attend the school or acade ase note that cousins do not count as siblings. Sibling's first name Moving Date	Child's 'known as' last name (if applicable) Child's middle names(s) Child's sex (please circle) Carer details The please circle of the company of the com	Child's 'known as' last name (if applicable) Child's middle names(s) Child's sex (please circle) Child's sex (please circle) Male Child's middle names(s) Child's sex (please circle) Male Child's middle names(s) Male			

If you answered yes to any of the above questions, please state which local authority/country your child is/was in the care of?

Section 7: School	-								
or Catholic voluntar	name of your preferred schoory aided school you should a ormation form should be r	also complete the school	ol's own suppler						
Name of school / Academy									
	child's current (or last	t) school							
Name of school									
Leaving date if no	longer attending		day	month	year				
In Kirklees a child usually starts at a new school at the beginning of a term. If you have recently moved to the area or are otherwise without a school place please indicate that this is the case so when a school place is allocated that school can arrange a more suitable start date.									
Additional space for fu	urther notes(if you use e	extra sheets please attach	securely to this f	orm).					
Section 9: Decla		a effect (las Venas A duniosis							
that:	erstood the accompanying l	eatiet (in-Year Admissi	ons) before con	npieting this to	orm and I confirm				
 the information I have given on this form is correct I understand that inaccurate or misleading information may lead to the withdrawal of the school 									
place allocated	d	,	a to the withdi	awai Oi tile st	11001				
•	al responsibility for this child my child has the right to be		a state funded	school					
		educated in the OK at		3011001.					
Signature of parent	•		Date	da na a v sièla éla a sa					
admission criteria an from relevantschoo The information ma	u provide will be used in order to nd any subsequent appeal. It will ols, admission authorities and s ay be cross-checked with data h now we store your data pleaso	be stored securely and wil services but only in conne- reld in other Kirklees Cour	ll not be disclosed ction to any admi ncil departments	to any other pe ssion or appeal	erson or agency, apart I related process.				
The completed ICAF must be returned to the school/academy named in section 7									
Office use only.	Place offered [□ Place not offer	red □						
Date informed I A:			Receint N	Jumber					