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Application for Admission to Year 7 in Secondary School

CITY OF **WOLVERHAMPTON** COUNCIL

September 2025

Written reasons for the late submission must be received no later than 29 November 2024.

Only Wolverhampton residents must fill in this form. If you live outside the City of Wolverhampton you must fill in the form available from the council within whose area you live. Before you fill in the form, please read carefully the accompanying notes of guidance as well as the Secondary Education in Wolverhampton 2025/2026 booklet which is available online at www.wolverhampton.gov.uk/admissions. Complete forms must be returned as detailed on page 4 of this form. The Admissions and Appeals Team can be contacted on 01902 551122. If this form is submitted late you must give reasons in writing for the late submission.

ease use black ink and BLOCK CAPITALS.										
Child's details										
Surname/last name First name Middle name(s) Gender	Male Female Child's exact date of birth Day Month Year									
Child's home address This must be the address where the child lives. If this is different from the Parent/Carer's address given on page 3 of this form, please explain why on a separate sheet of paper. If parents share custody, please refer to the 'Secondary Education in Wolverhampton 2025/2026' booklet at www.wolverhampton.gov.uk/admissions for information about filling in this form.										
Please read caref address in the bo	fully the above instructions and the notes of guidance, then write your child's home xes below.									
First line of child's home address Second line of child's home address City County Post code	WOLVERHAMPTON WEST MIDLANDS									
Current School Name										
or office use only										

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Ontime Application	
Issued by	DATE BECEIVED
Date of Issue	
SIF Issued (yes/no)	
Recorded on Spreadsheet	

2. School Preferences

Please insert the DfE school code, postcode and the school name of up to FIVE secondary schools for which you wish to apply. You must list the schools in the order you prefer them. List all state maintained Schools/Academies, including any schools which are situated outside of Wolverhampton, but not Thomas Telford School and any independent (fee paying) schools for which you are applying. Your application details will be forwarded to the relevant local authority or school as appropriate. Please include the name and date of birth of any sibling (please refer to individual school's admission criteria for definition of sibling).

Please use the box opposite each preference if you wish to state any exceptional medical or social reason, for which you must submit supporting evidence from a relevant professional, or any other reason for any of your preferred schools. It is very important that you check the admission criteria of each school for which you are applying to see if priority for admission can be given on these grounds.

1st preference	Surname First name	If you are claiming social or medical reasons please indicate what documentary evidence you are providing with your application Post code
2nd preference	School name DfE no. (if known) Please provide deta Surname First name Gender	Boy Girl Date of birth If you are claiming social or medical reasons please indicate what documentary evidence you are providing with your application Boy Girl Date of birth DDMMYY Boy Girl Date of birth DDMMYY
3rd preference	School name DfE no. (if known) Please provide deta Surname First name Gender	If you are claiming social or medical reasons please indicate what documentary evidence you are providing with your application Boy Girl Date of birth DDMMYYY
4th preference	School name DfE no. (if known) Please provide deta Surname First name Gender	If you are claiming social or medical reasons please indicate what documentary evidence you are providing with your application Boy Girl Date of birth DDMMYY
5th preference	School name DfE no. (if known) Please provide deta Surname First name Gender	If you are claiming social or medical reasons please indicate what documentary evidence you are providing with your application Boy Girl Date of birth DDMMYY

3.	Children who	ose	e p	a	rer	nt/	ca	re	r is	s a	n	ne	m	be	r	of :	sta	afl	f er	np	olc	ye	ed	a	: tł	ne	S	ch	10	ol			
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	Are you as Parent/of employed for two of shortage? Yes	or m				-		-										-	-											-			
	If Yes , name the So and ask the Schoo		L	are	 e red	quir	ed i	to c	con] nple	te a	a S	upp][olen][ntar	y In][for	mati	on	Fo][rm	(SI	[F).][
4.	Children in p	uk	olic	; c	ar	е																											
	Is the child a 'Look	ed.	Afte	er C	Child	d' /	pre	viou	usly	'Lc	ok	ed	Aft	er' (Ch	ild?	Υ	es/	S		No) [
	If yes, please state which Local Authority/Country																																
	If yes, please also provide a letter from the Social Worker confirming the legal status of the child and the local authority with whom the child is in care. The letter should also provide the reasons for the preference for schools. If the child is from outside of England, then provide the relevant legal documents. In the case of adopted children, please provide a copy of Section 46 of the adoption order.										-																						
<u> </u>	Special Educ	- cat	tio	ne	al N	Je	ed	S.																									
٠.	Does your child have								h C	are	: Pl	an'	?	Ye	s		Ν	lo															
	If yes , please conta														_		nti	nu	e to	CC	omp	olet	e t	his	for	m.	ı						
7 .	Are you a Re If yes, please state	nity e tu	or \ rni	/oli i n (unta g S	ery A	Aide rvi	ed s	sch	ool,	wit	th tl	he	app	ro	val c	of th	ne i	relev	an		lmit		g ai		orit	-	/ be	э а —	n 			
8.	Parent's/Car	er'	່'s (de	tai	ls																											
	Title							In	iitia	ls																							
	Surname																																
	Relationship to ch	-													-																		
	Mother Fath				Step					F 				rent																		,	
	Social Worker* Other family member* State relationship Legal Guardian* If you are caring for someone else's child for more than 28 days and are not an immediate relative you may be private fostering and it is a legal requirement that you contact the local authority on 01902 551133. Further information is available at www.wolverhampton.gov.uk.																																
	et line of parent's/ er's address																																
	cond line of parent's/ er's address																																
City	/	W	0	L	V	Ε	R	Н	Α	M	Р	Τ	0	N								Ρ	ost	Со	de								
Hor	me Tel No.															Day	time	э Те	el No														
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* W	/ritten proof of parental re	espo	nsib	ility	ie re	side	ency (orde	er, m	nust i	be p	orovi	idea	l to t	he	Loca	l Au	tho	rity to	su	ppoi	t yo	ur a	appli	catio	on							

8.	Declaration and Signature of P	arent's/Carer's										
	I/We wish to make an application to the schools listed, which I/We have ranked in order of my/our preference. I/We certify that I/we am/are the person(s) with parental responsibility for the child named and that the information given is true to the best of my/our knowledge and belief. I/We understand that any false or deliberately misleading information given on this form and supporting papers, or any relevant information withheld, will render this application invalid and could lead to the withdrawal of an offer of a school place for my/our child.											
	The information provided on this application form will be used to ensure that the council's records are correct.											
	It may also be shared with other agencies and service providers to ensure that your child receives an appropriate service.											
	I/We confirm that I/we have read and understo			-								
	the school admissions service to contact the r	elevant agencies in order to vai	idate this applic	cation.								
	Signature of Parent/Carer	Print Name		Date								
	Signature of Parent/Carer	Print Name		Date								
(inclu comr inforr your	statutory obligations; and (c) prevent and detect fraud. The council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other departments within the council (including the elected Members), central Government departments, law enforcement agencies, statutory and judicial bodies, community service providers and contractors that process data on its behalf. The council may also use and disclose information, that does not identify individuals, for research and strategic development purposes. For further information about your information rights please see the Council's privacy notice which can be viewed here: http://www.wolverhampton.gov.uk/privacy-policy											
	Checklist ore returning this form, please ensure that	at you have:										
	Read the 'Secondary Education in Wolverhams the relevant booklet for any other council to wh		is available online.	. That you have also read								
	Have included proof of address where necessary.											
	Checked that your home address lies within the administrative area of City of Wolverhampton Council											
	Filled in all relevant sections of this form											
	Provided any supplementary information required by the admitting authority to support your application (e.g. a letter from a relevant professional to confirm that the child is in public care or to support any reasons for your preference).											
	Filled in any supporting information forms nearrangements for each school which you are apschools/Academies concerned.	-										

10. Returning the Form

The completed form should be returned to the Admissions & Appeals Section, School Places and Transport, City of Wolverhampton Council, Civic Centre, St Peter's Square, Wolverhampton WV1 1RL.

Telephone: 01902 551122