

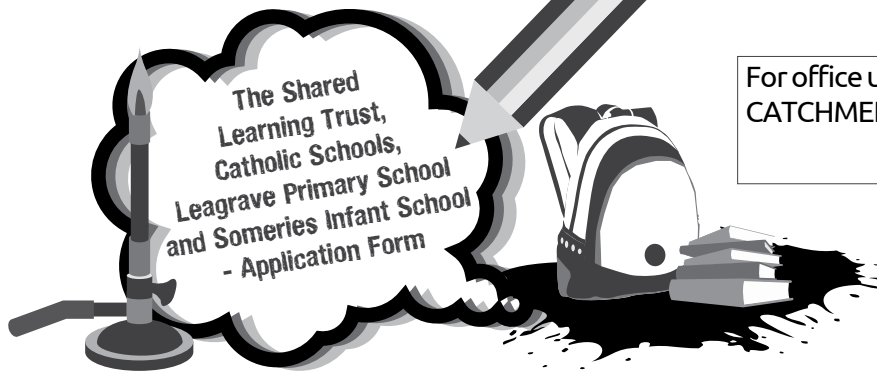
**The Shared Learning Trust,  
Catholic Schools, Leagrave Primary  
School and Someries Infant School**



**Application Form  
2020-2021**

[www.luton.gov.uk](http://www.luton.gov.uk)

**Luton**



The Shared Learning Trust,  
Catholic Schools,  
Leagrave Primary School  
and Someries Infant School  
- Application Form

For office use only:  
CATCHMENT:

## In-Year Application Form – The Shared Learning Trust, Catholic Schools, Leagrave Primary School and Someries Infant School only

**This form should be used to request a place at:**

Cardinal Newman Catholic School Warden Hill Road, Luton LU2 7AE Telephone number: <b>01582 59 71 25</b>	Leagrave Primary School Strangers Way, Luton LU4 9ND Telephone number: <b>01582 57 19 51</b>	Sacred Heart Primary School Langford Drive, Luton LU2 9AJ Telephone number: <b>01582 73 07 81</b>	Someries Infant School Wigmore Lane, Luton LU2 8AH Telephone number <b>01582 41 45 45</b>
St Joseph's Primary School Gardenia Avenue, Luton LU3 2NE Telephone number <b>01582 57 34 46</b>	St Margaret of Scotland Primary School Rotheram Avenue, Luton LU1 5PP Telephone number: <b>01582 72 34 30</b>	St Martin de Porres Primary School Pastures Way, Luton LU4 0PF Telephone number: <b>01582 61 76 00</b>	The Chalk Hills Academy Leagrave High Street, Luton LU4 0NE Telephone number: <b>01582 88 41 00</b> Central Admissions number: <b>01582 88 41 00</b>
The Linden Academy Osbourne Road, Luton LU1 3HH Telephone number: <b>01582 21 14 41</b> Central Admissions number: <b>01582 88 41 00</b>	The Stockwood Park Academy Rotheram Avenue, Luton LU1 5PP Telephone number: <b>01582 72 23 33</b> Central Admissions number: <b>01582 88 41 00</b>		

Information and advice can be obtained by calling the relevant school.

Please read through the In-Year School Transfer Guide before completing this application form.

The completed form must be returned direct to the school you are applying for.

**I wish to request a place for my child at:**

Name of school:

Please indicate the date the place is required for

### Child's details:

Legal first name(s):

Legal last name:

**Gender:**

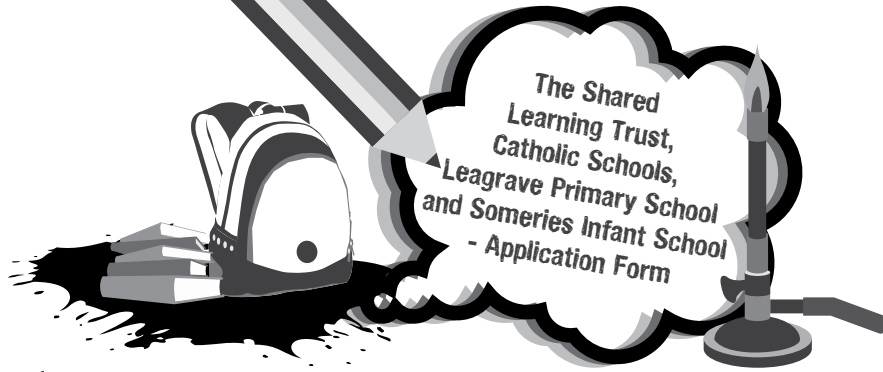
Male

Female

**Date of Birth:**

Full home address:

Postcode:



**Does your child have a sibling (brother or sister) attending your preferred school? YES / NO**

If **YES**, please give details:

Legal first name(s)	Legal last name	Date of birth	Gender	Address	School Attending

**Does your child have an EHC Plan?**

**YES / NO**

**Is your child 'looked after' by a local authority?**

**YES / NO**

If **YES**, please state which local authority is responsible for the child:

Please also provide a letter from your child's social worker confirming their legal status and details of the local authority responsible for the child.

Name of social worker:

Telephone number:

**Was your child previously 'looked after' but immediately after being 'looked after' became subject to an adoption, residence or special guardianship order?**

**YES / NO**

If **YES**, please provide documentation to confirm that they were previously 'looked after'.

**Is one or both parents currently employed at one of the schools?**

**YES / NO**

If **YES**, please complete the details below:

Name of parent:	Name of school employed at and job title:
<input type="text"/>	<input type="text"/>

**Child's current/previous school details:**

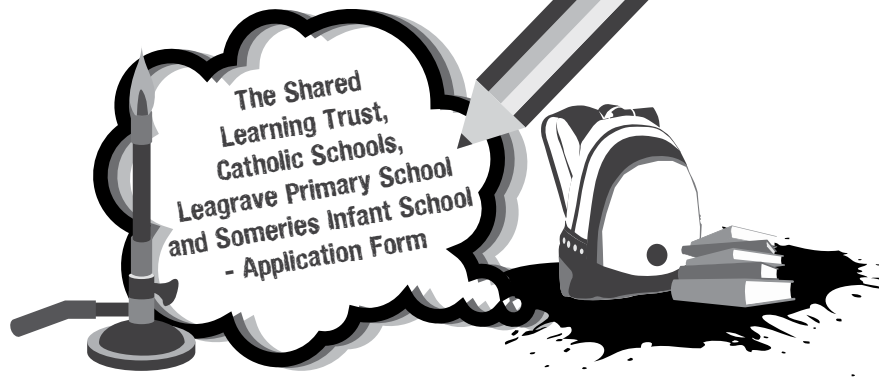
Name of school:

Address:  Postcode:

Telephone number:

Name of head of year/class teacher:

Date child last attended school:



## Additional information

Please answer the questions below:

How well does your child speak English?

Beginner / Intermediate / Fluent

Can your child speak any other languages?

YES / NO

Have you had contact with the Education Welfare Service?

YES / NO

Has your child had contact with the Behaviour Service or the Psychological Service?

YES / NO

Has your child had a fixed term exclusion in the past two years?

YES / NO

Has your child been permanently excluded from school?

YES / NO

If you have answered **YES** to any of the above questions, please give further details.

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**Reason for request** (please tick appropriate box(es))

Moved house within Luton

Removed from roll following extended leave

Moved into Luton

Child has been placed in local authority care

Starting school for the first time

Childcare arrangements

To join sibling(s) at school

Issues in current school

**Please use this space to outline any additional reasons for your application, e.g. religious convictions, medical or social reasons. Please continue on a separate sheet if necessary.**

### Transfer requests within Luton for reasons other than a house move

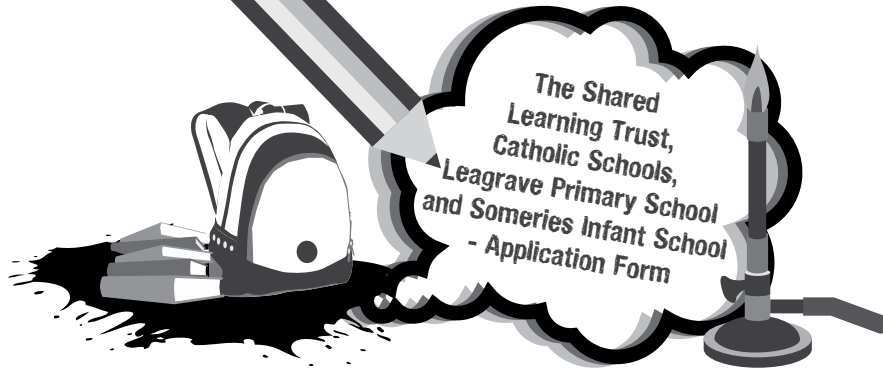
If you are requesting a transfer to another local school or your child is experiencing any difficulties at their present school, it is important for you to discuss this with the headteacher of your child's present school and ask them to complete and sign this form. The schools would expect discussions to take place before you make any decision about transferring your child to another school.

Headteacher's comments:

Signed:

Print name:

**If the form has not been signed it will be returned to you.**



## Checklist:

- ✓ I have provided names and dates in the places where they are requested on the form.
- ✓ I have checked to make sure all the information I have given is correct.
- ✓ I have provided the necessary supporting documentation where necessary (e.g. child's birth certificate, proof of address).
- ✓ The form has been signed by my child's current headteacher (only for school transfers within Luton where the child has not moved house). I understand that if this has not been completed my application form will be returned to me.
- ✓ I have signed and dated the application form.
- ✓ I give permission to the school to check any information given or to make any necessary enquiries. I authorise and request any person or body to give the Council any information necessary for that purpose.

**I understand that any false or deliberately misleading information on this form and/or supporting information may render this application invalid, or lead to the offer of a place being withdrawn.**

## Parent/carer's details:

Mother's name (capitals)
Father's name (capitals)
Telephone number(s):
Parent's email address:

**Name of applicant:**

**Relationship to pupil:**

**Do you have parental responsibility for the pupil?** YES / NO

**Signature of person with parental responsibility:**

**Date:**

**Please note that this form will be returned if all questions are not answered fully. This will result in a delay in your application being processed.**

When you have completed this form, please send it direct to the school you are applying for.

Applications for The Linden Academy, The Chalk Hills Academy and The Stockwood Park Academy must be sent to:

**The Shared Learning Trust Central Admissions, The Chalk Hills Academy, Leagrave High Street, Luton, LU4 0NE. Telephone number: 01582 88 41 00.**

Applications for a Catholic school in Luton must be sent to the relevant school.

Applications for Leagrave Primary School and Someries Infant School must be sent directly to the schools.

Your request will be processed as quickly as possible, normally within 15 school days and you will be notified in writing by the school to confirm whether or not a place is available. If your application is refused you have the right of appeal and you should make enquiries about the waiting list process. If you have not received any correspondence after 15 school days, please telephone the school you are applying for.

If the school you are applying for cannot offer your child a place, please contact the Admissions Team to discuss a place at an alternative school.

# Supplementary form for a Catholic School in Luton

## Part 1 – To be completed by the parent(s)/carer(s)

Full Name of Child: (Capitals)

.....

Address

.....

.....

Postcode: ..... Tel No: .....

Gender (please tick): Male  Female  Date of Birth: .....

Religion: Catholic   
Other Christian  Please specify: .....  
Other (non Christian)  Please specify: .....

Date of baptism: .....

Place of baptism: (parish and address)

.....

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**Catholic applicants must provide the child's original Baptismal Certificate to be photocopied**

**If you are not a Catholic please provide the name, address and telephone number** of a Minister of Religion who knows you and your child and will support your application.

Name: .....

Address: .....

Telephone number: .....

Current school/Last school if not current school:

If brother(s) or sister(s) currently attend one of the schools, please give full name(s) and tutor group(s)

Name: ..... Class/Tutor group: .....

Name: ..... Class/Tutor group: .....

Details of Parent/Carer 1: (capitals) .....

Details of Parent/Carer 2: (capitals) .....

Is a Parent/Carer a member of staff at the school?

Yes  No

Name: .....

Address: .....

Telephone number: .....



**Part 2 –**

**To be completed when applying for Cardinal Newman Catholic School**

PARENT(S)/CARER(S) must take this form to be completed by their Catholic Priest/Minister of Religion (as appropriate) and then return it to Cardinal Newman Catholic school along with the Application Form.

**Please can the Priest/Minister of Religion circle the appropriate response below:**

<p><b>The child is practising his/her faith</b> (Practice means attending Mass weekly)</p>	YES	NO
<p>(If not already baptised) The child is currently enrolled for baptism within this parish/is enrolled on the RCIA programme</p>	YES	NO

**Declaration by priest (or Minister of Religion as appropriate):**

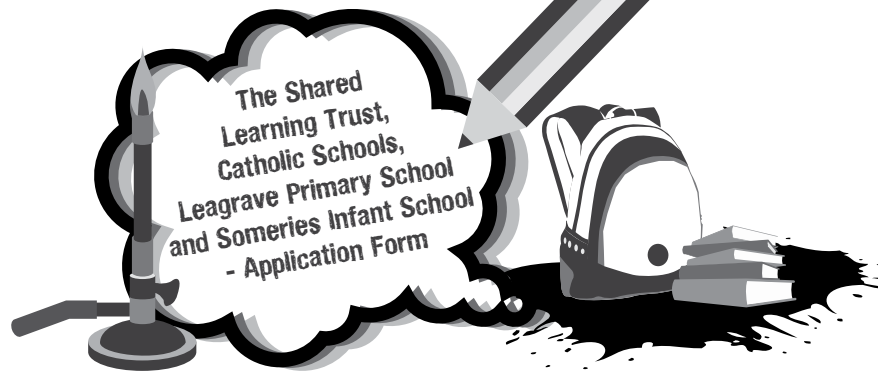
**I can confirm that these statements about the child named overleaf and his/her practice are true to the best of my knowledge and belief.**

Name: .....

Signed: .....

Date: .....

**Please make sure you provide your child's original Baptismal Certificate with this form.**



## Privacy Notice

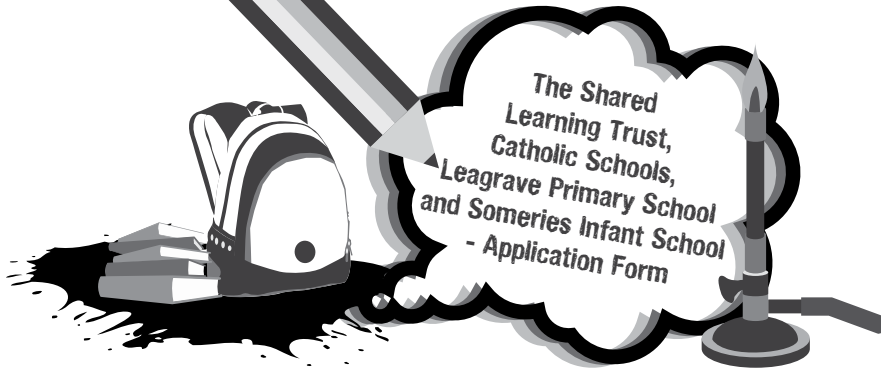
The schools are committed to protecting the privacy of your child and your information.

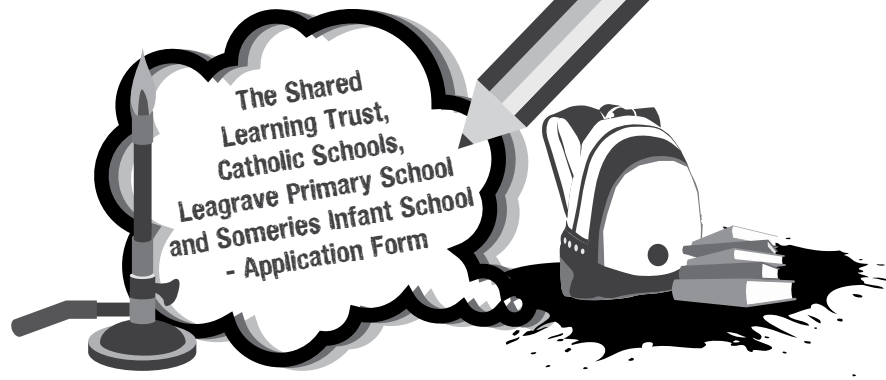
If you have any concerns or questions about how the schools look after your personal information, please contact the relevant school directly.

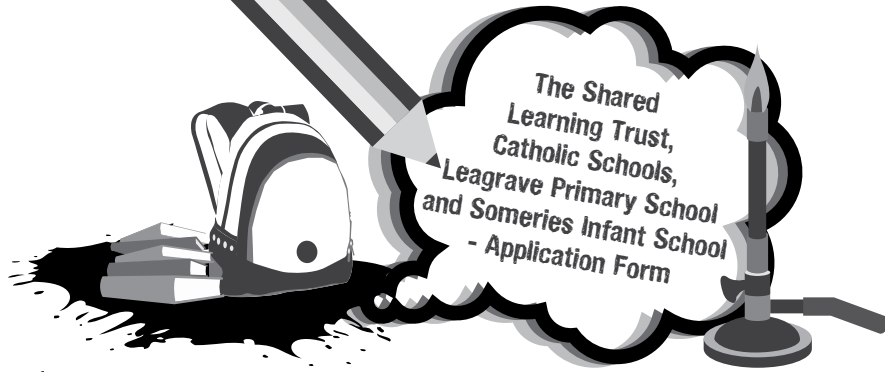
Data Controller	Relevant school
Data Protection Officer	Contact relevant school directly.
Personal Data	Name; Address; medical details, special educational needs, school
Purpose for using it	To provide your child with a school place
Lawful basis	To carry out the performance of a public task Special category data such as medical details are used in the public interest of supporting each child according to their needs and to take care of their well being whilst in the school setting
Who we share it with	Local authorities; education providers; NHS; safeguarding partners; catering services; pastoral support such as counselling; after school clubs; appeal panellists
Why we share it with them	To meet the statutory requirement for monitoring by the Department of Education To provide access to education To provide pastoral care, food and safeguarding where necessary
Any automated decision making	None
Transfer of data to a non-EU country	None
Exercising your rights	You have the right to ask us to amend or delete your data as well as transfer it or limit its use. You also have the right to request a review of an automated decision where you think this is wrong. Each request will be considered individually however, where we are required to keep your data by law we may be unable to action your request. In all circumstances we will explain our decision making in writing to you

If you want more information about how the schools keep your data safe please see the relevant school's main privacy statement on their website.
















**The Shared Learning  
Trust, Catholic  
Schools, Leagrave  
Primary School and  
Someries Infant  
School - Application  
Form**

 01582 54 80 16  
 admissions@luton.gov.uk  
 www.luton.gov.uk/learning  
 @lutoncouncil  
 lutoncouncil

Admissions Team  
Children, Families and Education Directorate  
Luton Council  
Town Hall, George Street  
Luton  
LU1 2BQ