WANDSWORTH COUNCIL CHILDREN'S SERVICES DEPARTMENT

TRANSFER TO SECONDARY SCHOOL SEPTEMBER 2020



ADDITIONAL SCHOOL PREFERENCES FORM

This form is for use by Wandsworth residents who have already applied for a secondary school for September 2020 but wish to apply for further schools. If you have not previously made an application, please apply online at https://www.eadmissions.org.uk/.

Family Name:	First Name:
Date of Birth:	Boy: Girl: (please tick)
Address:	
	Postcode:
Have you changed address since your origin	
	se see https://wandsworth.gov.uk/media/3702/proof_of_address.pdf for
details of acceptable documents.	
DETAILS OF PARENT(S) OR CARER (S	S) WITH WHOM THE CHILD LIVES
Family Name:	First Name:
Title:	Relationship to Child:
Mr / Mrs/ Miss/ Ms	
Contact telephone number:	Email:
	I
Please list below the additional schools for whoutside of Wandsworth. Details of schools with	PREFERENCES nich you wish to apply in order of preference. This can include schools th vacancies can be found at https://wandsworth.gov.uk/schools-and-nissions/apply-for-a-secondary-school-place/ .
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ADDITIONAL INFORMATION

Details of Siblings

If your child already has an older brother or sister attending any of the schools listed above, please give details below:

Family Name:	First Name:	
Date of Birth:	Boy: Girl: (p	lease tick)
School:		
Reasons for preference (optional)		
You do not need to complete this question unless you wish there are exceptional medical or social reasons why your ch professionally supported evidence with this form to be cons Wandsworth Secondary School admissions brochure for further	ild should attend a particular so idered on these grounds. Plea	chool, you should provide
DECLARATION AND SIGNATURE OF PARENT/C	ARER	
 I certify I am the person with parental responsibility for Wandsworth and that the information is true to the bes 		es in the Borough of
I wish to apply for a place at each of the schools named above and I have listed these schools in order of preference		
 I confirm that the address provided on this form is my cl will take all reasonable steps to verify this and any other 	•	
 I understand that any false or deliberately misleading in may render this application invalid, or lead to the offer of 		nd/or supporting information
Parent/Carer signature:		Date:
Print Name:		_

Please return the completed form to Pupil Services, Wandsworth Council Children's Services, Town Hall Extension, Wandsworth High Street, London SW18 2PU or by email to admissions@richmondandwandsworth.gov.uk.