

Priority 1b Admissions Support Form



To be completed by parents who are requesting a specific setting under 1b. A form is available for LCC professionals would like to support a request on behalf of parents.

Transition stage (Please tick) : Nursery to Reception Year 6 to Year 7

CHILD DETAILS

Surname: _____ Forename(s): _____

Date of Birth: _____ Gender: MALE/FEMALE

Address: _____

Postcode: _____ Telephone: _____

FAMILY/CARER'S DETAILS

Mother's / Carer's Name: _____

Address (if different from above) _____

Father's / Carer's Name _____

Address (if different from above) _____

Other person/s with parental responsibility _____

Name _____ Relationship _____

Address (if different) _____

SCHOOL / SETTING DETAILS

Name of requested school/setting (you can only request one-
Please check the school admissions policy not all schools
have the priority of 1b as part of their policy) _____

FUNDING FOR INCLUSION (FFI)

Does this child currently receive additional funding?

Primary Need Band : _____ Tier : _____

Any Additional Bands of FFI? _____

Total Number of Units : _____

For children in receipt of E band funding please indicate if needs are relating one of the following (tick) :

Specific Language Impairment (SLI) Yes No

Autism / Pragmatic Need Yes No

Please describe the child's SEN

What provision is required to meet the child's needs?

1. Please attach a copy of the provision plan in place and/or Individual health care plan
2. Please ensure that a copy of the most recent FFI review and individual learning, behaviour or education plan is attached
3. For children transferring into reception the most recent ISAR paperwork must be attached

Please describe why only the requested school/setting is able to meet need.

i.e. What is able to be provided at the requested school that is not available at any other school in relation to the provision your child requires.

Name of Supporting Professional

Name

Designation

Signature

Contact Address

Contact Tel No

Date of Referral

Name/s and designation/s of any other professionals who are currently involved with the child

***Please ensure the professional's form is attached explaining why ONLY the preferred school is able to meet need.**

Parents Views (to completed by the parent)

Pupil Views (For those pupils transferring to Secondary education please ensure their view is included)

Data Protection Act 1998

The Data Protection Act 1998 requires that we inform you why we need to collect information from you regarding your son/daughter. We need this in order to enable us to provide an effective service for your child. As part of this process, we need to share information you give us with other Leeds City Council Services e.g. Child Health, Education Leeds' Services, Schools and Settings.

Declaration

By signing this form, you are giving your consent to Education Leeds to record and process the information you provide. In the case of a child accessing a non-school setting this information will be shared and recorded by Leeds Inclusion Support Scheme. The information will only be used by Education Leeds in connection with education services and we promise to comply fully with the Data Protection Act 1998 and acknowledge your rights under this.

PARENTS/CARERS SIGNATURE REQUIRED

Signed.....Date.....

Please return this form to:

**Leeds City Council
PO Box 837
School Admissions
Leeds
LS1 9PZ**



Checklist

Have you included the following?

- An overview of your child's needs
- Details of any additional funding in place
- Provision map
- Individual Healthcare Plan (if appropriate)
- Most recent FFI review (Year 6-7 transfer)
- Most recent ISAR review (Nursery-Reception transfer)
- A description of why only the requested school can meet need
- A report from a supporting professional (professionals from LCC must use the form template provided)
- Signed and dated the form