

Priority 1b Admissions Supplementary Information Form



To be completed by parents who are requesting priority admission at one specific school due to exceptional needs (Priority 1b of the Admissions Policy)

Year group applied for: (eg Reception, Y4, Y7 etc)	
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CHILD DETAILS

Surname:		Forename :	
Date of Birth:			
Address:			
Postcode:			

FAMILY DETAILS

Parent/ Carer Names:			
Address (if different from above)			
Other person/s with parental responsibility	Name: Relationship		
Address (if different)			
Telephone no:		Email address:	

SCHOOL / SETTING DETAILS

Name of requested school / setting	
NB you can only request one- Please check the school admissions policy as not all schools offer 1b priority	

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.

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

<u>Name of Supporting Professional</u>	
Name	
Designation	
Signature	
Professional Contact Address:	
Professional Email address	
Contact Tel No	
Date of Referral:	
Name and designation of any other professionals currently involved with the child	
1)	
2)	

<p>Please describe the child's Special Educational Need or exceptional mobility or exceptional medical or mobility needs, that can only be met at a specific school:</p>

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

1. Please attach a copy of the provision map/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

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FUNDING FOR INCLUSION (FFI)

Does this child currently receive additional funding?		Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	
Autism / Pragmatic Need	Yes <input type="checkbox"/> No <input type="checkbox"/>	

PRIVACY NOTICE

Leeds City Council takes its obligations under the Data Protection legislation very seriously. The Admissions team collect information from you to assess your child's eligibility for a school place. We collect your personal information in respect of admissions and appeals which is considered against the Council's and school's policies for admissions. Our service also needs to use sensitive personal data relating to you (also called "special category data") such as religion and ethnic origin information in order to provide equality of opportunity or treatment.

Leeds City Council is the Data Controller for your information and our legal basis for processing the data is under a legal obligation where it is personal data (such as the School Admissions Regulations 2012 and the School Admissions Code 2014), and where we are processing special category information, under our obligations of substantial public interest. The data collected is required to ensure all children have a school place suitable to their age, ability and needs. Leeds City Council work to ensure that places are allocated and offered in a fair, transparent and open way.

In processing your application we will share information with services within the Council and also with other relevant organisations such as schools, NHS and the Police etc. We will also give some information about you to relevant government departments, such as the Department for Education etc, for statutory reporting purposes and in order to make the services of Leeds better. There may be circumstances where we need to use and share your information without your agreement, however this will only occur where we are legally required to do so.

Your personal data will be retained up to your child's 25th birthday after which it will be confidentially destroyed. Any school admission appeal papers held by the Council in respect of schools who conduct their own appeals will be held by the Council for 2 years and will be destroyed after this period.

You have rights in respect of the information we hold about you, including the right to ask for access to your information or to withdraw from this process. Objecting to Leeds City Council using your information in this way, would restrict the Council's assessment in giving proper consideration to your application and can result in the inability of schools offering a place/withdrawal of a place. Further information is available at <https://www.leeds.gov.uk/opendata/your-rights>. To exercise any of your rights, please contact: dpfoi@leeds.gov.uk; or send to Information Management & Governance, PO Box 837, LS1 9PZ, and we will advise you of the procedure.

Further information about how we process your information can be found on the Council's privacy notice including contact information for the Council's Data Protection Officer: <https://www.leeds.gov.uk/privacy-statement/privacy-notice>. A paper copy of this information is available on request.

PARENTS/CARERS SIGNATURE REQUIRED

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

Checklist

Have you:

- Provided an overview of your child's needs
- Given details of any additional funding in place
- Attached a provision plan/map
- Attached an Individual Healthcare Plan (if appropriate)
- Attached the most recent FFI review (Year 6-7 transfer)
- Attached the most recent ISAR review (Nursery-Reception transfer)
- Given a description of why only the requested school can meet need
- Attached a report from a supporting professional
- Signed and dated the form

Please return this form to Leeds City Council, PO Box 837, School Admissions Leeds LS1 9PZ or by email to Education.annual.cycle@leeds.gov.uk