Diocese of Middlesbrough
Primary School Admission Policy for
St Peter’s RC Primary School
within North Yorkshire County Council Local Authority
2017-2018

St Peter’s RC Primary School was founded by the Catholic Church to provide education for baptised Catholic children. The school is run by its governing body as part of the Catholic Church in accordance with its Trust Deed and Instrument of Government and seeks at all times to be a witness to Jesus Christ.

Whenever there are more applications than places available priority will always be given to Catholic applicants in accordance with the oversubscription criteria listed below. By applying to the school parents or carers are declaring their support for the aims and ethos of the school.

The Governing Body is the Admissions Authority and is responsible for determining the school’s admissions policy. The Planned admission number for September 2017 is 30.

The partner parish is:
St George’s, Moor Lane, Eastfield, Scarborough, YO11 3LW

The Admissions Policy Criteria will be applied on an Equal Preference basis.

How and When to apply
Applications must be made on the Local Authority Common Application Form. Parents applying to a Voluntary Aided Roman Catholic school should also complete the Supplementary Information Form (SIF) as this is used to determine whether you are applying under a specific category. All forms must be returned by the closing date set by the Local Authority, failure to provide a Supplementary Information Form (SIF) could affect the category your application is placed in. Please note that it is the responsibility of the parent/carer to complete all forms and supply evidence – reminders will not be sent.

Children with an Educational Health and Care Plan which names our school in their plan will be admitted to the school

Late Applications
Any applications received after the closing date will be accepted but considered only after those received by the closing date.
Oversubscription Criteria (for September Admissions to Early Years Foundation Stage only) Where there are insufficient places available to meet all parental preferences, priority will be given to applications in the following order:

(First priority in each category will be given to siblings (see note 4) that is, children who will have older brothers or sisters attending the school in September 2017.)

1. Roman Catholic ‘children looked after’ (in public care) and Roman Catholic children previously ‘looked after’ but who ceased to be so because they became adopted or became subject to a residence or special guardianship order immediately following having been looked after.

2. Roman Catholic children whose home address is within the parishes of St Joseph’s Church, Green Lane, Newby, YO12 6HT; St Peter’s Church, Castle Road, Scarborough, YO11 1TH; St Edward’s, Avenue Victoria, Scarborough, YO11 2QS

3. Other Roman Catholic children.

4. Other ‘children looked after’ (in public care) and other children previously ‘looked after’ but who ceased to be so because they became adopted or became subject to a residence or special guardianship order immediately following having been looked after.

5. Children who are baptised or dedicated members of other Christian Churches as recognised by Churches Together (see note 3)

6. Other children.

For in-year admissions and all other admissions, the pupil class size limit of 30 will apply.

ADDITIONAL NOTES

1. Definition of Roman Catholic

Children who have been baptised as Roman Catholics or have been formally received into the Roman Catholic Church by the closing date set in the Admissions Policy of the Local Authority. All applicants seeking admission under any of criteria 1 to 3 will be asked to provide evidence that the child has been baptised as a Roman Catholic or has been received into the Roman Catholic Church. A baptismal certificate or a letter from their priest confirming their baptism or reception into the Roman Catholic Church will suffice.

2. Definition of Looked After Child in Public Care

A looked after child is a child who is (a) in the care of a Local Authority or (b) being provided with accommodation by a local authority in the exercise of their social services functions (see the definition in section 22 (1) of the Children Act 1989).
3. **Churches Together in England** See [http://www.cte.org.uk/Groups/234772/Home/Contacts/Member_Churches_list/Member_Churches_list.aspx](http://www.cte.org.uk/Groups/234772/Home/Contacts/Member_Churches_list/Member_Churches_list.aspx) - Applicants seeking admission under criteria 5 will be required to produce a baptismal certificate or a letter confirming their baptism.

4. **Definition of Sibling**
   Sibling refers to brother or sister, half brother or sister, adopted brother or sister, step brother or sister, or the child of the parent/carer’s partner where the child for whom the school place is sought is living in the same family unit at the same address as that sibling and is in attendance at the same school on the date of admission.

5. **Multiple Births**
   For multiple births where only 1 place remains, infant classes will be allowed to exceed the statutory limit where the 31st child is a twin or from multiple births. The ‘excepted pupil’ will be allowed for the time in Key Stage 1 or until the class numbers fall back to current class size limit.

6. **Admission of a child outside their normal age group**
   Parents may seek a place for their child outside of their normal age group, for example if the child is gifted and talented or has experienced problems such as ill health. In addition parents of a Summer born child (born between 1st April and 31st August) may choose not to send their child to school until the September following their 5th birthday and may request that they are admitted out of their normal age group – to reception rather than Year 1. If you wish to request admission of a child outside of their normal year group you must contact the school to discuss your request six weeks before the closing date of the admission period for your child’s normal year group. If the school agrees to your request you should submit your application in the application window for the deferred year in which you wish your child to be admitted to the school. **Please note – the deferred application will be considered against all other applications for entry that year based upon a strict application of the admissions criteria and agreement to deferral does not automatically mean your child will be offered a place at school in that year.**

**Tie-breaker**

Where there are places available for some, but not all applicants within a particular criterion, distance from home address to the school entrance will be the deciding factor. Distance will be measured by the shortest walking route from the front door of the child’s home address (including flats) to the main entrance of the school, [using the Local Authority’s computerised measuring system], with those living closer to the school receiving the higher priority.

**Right of Appeal**

Where a parent has been notified that a place is not available for a child, every effort will be made to help the parent to find a place in a suitable alternative school. Parents who are refused a place have a statutory right of appeal. Further details of the appeals process are available by writing to the Chair of Governors at the school address.
Home Address

It is the parental address which will be used in applying the admission criteria. This means that, when stating your choice of school, you should give the parental/guardian address at the time of application. The address of childminders or other family members who may share in the care of your child should not be quoted as the home address.

Waiting Lists:

For September Admissions to EYFS
If your child has been refused admission, a waiting list is available where priority will be given according to the above criteria based on the information provided at the time of application. The waiting list will be open until the end of the Autumn term.

For In-year Admissions
A waiting list is maintained in school for in-year Admissions. If a place becomes available it will be allocated using the above criteria. Please be aware that your child’s position on this waiting list may be affected by subsequent additions to the list.

Application Information

It is very helpful to have an early indication of the number of children to be admitted to the Reception class in the following September. However, it must be stressed that formal written applications for admission must be made on the form provided by the Local Authority and returned to them by the stated date. Places will then be allocated by strict application of the above criteria, with no reference to the date of application. Parents will be notified as to whether or not their child has been allocated a place according to the Local Authority timetable.
ST PETER’S RC PRIMARY SCHOOL

CHILD’S SURNAME ____________________________________________

FORENAMES ________________________________________________

USAGE NAME _________ DATE OF BIRTH _________ M / F ______

ADDRESS __________________________________________________

POST CODE ______________________ TEL ______________________

PLACE OF BIRTH ____________________________________________

HOME LANGUAGE ____________________________________________

NATIONALITY ________________________________________________

FATHER’S NAME IN FULL ___________________ RC/NON RC

PLACE OF EMPLOYMENT ______________________ TEL ____________

MOTHER’S NAME ___________________________ RC/NON RC

PLACE OF EMPLOYMENT ______________________ TEL ____________

1ST CONTACT (In event of sickness or Accident)

NAME _____________________________________________________

ADDRESS __________________________________________________

TEL _____________________________ (Parent, Aunt, Grandparent, friend, neighbour)

2ND CONTACT

NAME _____________________________________________________

ADDRESS __________________________________________________

TEL _____________________________ (Parent, Aunt, Grandparent, friend, neighbour)

OTHER CHILDREN IN SAME HOUSEHOLD:

NAME ___________________________ DATE OF BIRTH _________

NAME ___________________________ DATE OF BIRTH _________

NAME ___________________________ DATE OF BIRTH _________
LAST SCHOOL OR NURSERY ATTENDED ________________________________

ADDRESS ________________________________ TEL __________________

FAMILY DOCTOR ________________________________ TEL __________________

MEDICAL/HEALTH INFORMATION (This includes diagnosable conditions or any other information relevant to the needs of your child)

__________________________________________________________

__________________________________________________________

PLEASE STATE YOUR REASONS FOR CHOOSING ST PETER’S SCHOOL

__________________________________________________________

__________________________________________________________

NAME AND ADDRESS OF CHURCH WHERE YOUR CHILD WAS BAPTISED

__________________________________________________________

__________________________________________________________

SACRAMENTS RECEIVED:

RECONCILIATION (Confession) _____________ FIRST COMMUNION ___________

Sacramental preparation takes place in Year 4 therefore parents should provide the necessary evidence i.e. Baptismal Certificate as well as Birth Certificate.

PLEASE NOTE: - A COPY OF YOUR CHILD’S BAPTISM CERTIFICATE WILL BE REQUIRED BY SCHOOL PRIOR TO A PLACE BEING OFFERED

If your child is offered a place at St Peter’s School this does not mean that younger brothers or sisters will be guaranteed a place at St Peter’s or at St Augustine’s Secondary School if they are non-Catholics.

SIGNATURE OF PARENT OR GUARDIAN ______________________________________

DATE ________________________________
Name of Child ________________________________

Please tick the box next to either A or B.
A  I am willing to provide information about the ethnic origin, language and religion of my child.

B  I am unwilling to provide information about the ethnic origin, language and religion of my child.

If you have ticked Box A, please complete the following:

<table>
<thead>
<tr>
<th>Ethnic Origin</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please tick box as applicable)</td>
<td>(Please tick box as applicable)</td>
</tr>
<tr>
<td>[ ] White – UK heritage</td>
<td>[ ] English</td>
</tr>
<tr>
<td>[ ] White – European</td>
<td>[ ] Cantonese</td>
</tr>
<tr>
<td>[ ] Black - African</td>
<td>[ ] Other (please specify)</td>
</tr>
<tr>
<td>[ ] Black - Caribbean</td>
<td></td>
</tr>
<tr>
<td>[ ] Black - Other</td>
<td></td>
</tr>
<tr>
<td>[ ] Indian</td>
<td></td>
</tr>
<tr>
<td>[ ] Bangladeshi</td>
<td></td>
</tr>
<tr>
<td>[ ] Chinese</td>
<td></td>
</tr>
<tr>
<td>[ ] Any other ethnic group</td>
<td></td>
</tr>
<tr>
<td>(Please describe)</td>
<td></td>
</tr>
</tbody>
</table>

Religion (please tick as applicable)

[ ] RC
[ ] Christian
[ ] Hindu
[ ] Jewish
[ ] Muslim
[ ] Sikh
[ ] Other (Please specify)
[ ] No religion

Signed ........................................... Date ......................................
Dear Parents

We are required by North Yorkshire County Council to obtain your consent before a child undertakes an educational visit or outdoor pursuit. As your child will undoubtedly take part in many activities during his/her years at St Peter’s RC School we would ask you to complete this general consent form to cover all extra curricular activities. This will include walks, bus journeys and educational visits/activities. You will, of course, be notified about each specific visit in advance.

Name of Pupil ___________________________________________________________

Address ___________________________________________________________

Contact telephone number _____________________________________________

I consent/do not consent to my child going on educational visits and joining in group activities.

I do not wish my child to take part in the following activities:

____________________________________________________________________

My child is in good health and does not suffer from any condition requiring regular treatment or any complaint that may require emergency treatment. YES/NO

My child suffers from ______________________ requiring regular treatment.

My child suffers from ______________________ that may require emergency treatment.

Any other relevant information ____________________________________________

____________________________________________________________________

(If your child suffers from a complaint, please enclose a letter from your doctor giving details of the complaint and its treatment.)

His/Her National Health Service Medical Card Number is ___________________

Name of family doctor _________________________________________________

Address ______________________________________________________________

Telephone number ______________________________________________________

I consent to any emergency medical treatment necessary during the course of a visit.

I will advise the school of any illness/infection suffered by my child after the signing of this form and before commencement of an educational visit.

Signed _____________________________ Date ____________________________