

Privacy Statement

We will use the information you provide to enable us to provide services in relation to school admissions and to direct you to appropriate services internally and externally.

We will share information about you with local schools, other local authority admissions teams, and other relevant council teams in Coventry so that we can deal with your school admission requests. More details about how we use information about you can be found in the full privacy notice <https://www.coventry.gov.uk/admissionsprivacynotice>

Date received in school:

STUDENT ID:

PRIMARY SCHOOL COMMON APPLICATION FORM - SEPTEMBER 2026

This form should ONLY be completed by Coventry residents

You are advised to read the booklet Primary Education in Coventry 2026 available online at www.coventry.gov.uk

Please ensure one form is completed for each child.

DR5APN

CHILD'S DETAILS

First Name..... Surname

Date of BirthFemale Male

Home Address (Address child is currently living at)

..... Post Code.....

Council Tax customer reference numberName of person liable.....

Is your child of Multiple Birth, for example twin? Yes No

Does your child have an Education Health and Care Plan or currently undergoing an assessment of special educational needs? Yes No

Has your child ever been in public care/looked after by a local authority or been in state care overseas? Yes No

If yes, which local authority/state care organisation

REQUEST FOR SCHOOLS

List in order of preference the Primary Schools you wish to request for your child

If your child will have a brother or sister at one of your preferred schools in September 2023, please give their details (If the child you are applying for has more than one brother/sister at the school, only the youngest brother/sister's details are needed)

Preference Rank	Name of school	Brother/Sister's Name	Date of Birth
1			
2			
3			
Please tick the box if you have also applied to an Independent School			<input type="checkbox"/>

If you have selected one of the above schools because you are a member of staff, please provide details below and refer to the [school's policy](#) for the definition of a staff member.

Full name	Name of school	Job title

PREFERENCES FOR CATHOLIC SCHOOLS

You only need to complete this part if you are applying for a Catholic primary school. This information will be used to assist in the allocation of places at those schools and will not be used for any other purpose. **Please note: if your child is a baptised catholic you must ensure that you forward a copy of your child's baptismal certificate or a letter from your priest confirming your child is a baptised Catholic to your preferred Catholic School/s or attach a copy to this application. Failure to do so could result in your child not being considered under the appropriate admissions criteria.**

Is your child baptised Catholic?		Yes / No	
Place of Baptism		Baptism date	
<input type="checkbox"/> Tick the box to confirm that you have forwarded a copy of your child's baptismal certificate to your preferred catholic school/s or a letter from your priest confirming your child is a baptised Catholic			

PREFERENCE FOR LEIGH CE SCHOOL, SEVA SCHOOL OR St JOHN CE SCHOOL

If you are applying for a place at Leigh CE, Seva School or St John CE School and wish to be given preference on the grounds of your faith, you will need to complete a supplementary form which you can get direct from the school or online at www.coventry.gov.uk/schooladmissions

Have you completed and forwarded the supplementary form to the school? Yes No

REASONS FOR PREFERENCE Use this space to give information to support your application

DECLARATION AND SIGNATURE OF PARENT/CARER

I give my consent for the schools admission section to contact other relevant agencies to validate this application and I authorise the release of relevant personal data for that purpose. I confirm that I have read and understood the admissions arrangements and the information I have given is correct. I understand that giving false information may result in a school place being withdrawn.

I agree that where more than one person has parental responsibility for this child, agreement over the preferences has been reached. I understand that failure to do so may result in a delay to this application and legal resolution may need to be sought.

Signature of Parent/Carer..... Date.....

PARENT/CARER'S DETAILS (PLEASE PRINT IN CAPITALS)

Mr/Mrs/Miss/Ms First Name..... Surname.....

Relationship to child..... Do you have parental responsibility? Yes No

Email address

Mobile Number..... Daytime Number.....

Please complete and return this form to your child's nursery and they will forward the application to the admissions team on your behalf alternatively post to PO Box 15, Council House, Coventry, CV1 5RR no later than **15 JANUARY 2026**. Any application received after this date will be a late application.

ADDITIONAL ADULT DETAILS (PLEASE PRINT IN CAPITALS)

Please note that Admissions can only communicate with the person named on this application, so please state any other parent/carer/representative who may call Admissions.

Mr/Mrs/Miss/Ms First name..... Surname.....

Relationship to child..... Do you have parental responsibility? Yes No

Email Address..... Mobile Number.....

On receipt of your application a letter of confirmation will be sent to you within 14 days. If you do not receive an acknowledgement, please email rising5@coventry.gov.uk as this means your application has not been received.