## ADDITIONAL PREFERENCE APPLICATION Starting Secondary School in September 2025

Full Name



If you applied for less than five schools originally, you may use this form to apply for additional preferences. The maximum number of original preferences plus additional oversubscribed preferences is FIVE. We will not process preferences which exceed this limit.

We will write out to you when this application has been processed. If we are not able to allocate a place at an additional preference, you will then be able to have your child placed on the waiting list/s for the additional preference/s if you so wish.

Child's Details												
First Name								Date o	of Birth			
Middle Name(s)								Gende	er			
Legal Surname												
Child's Home Addre This is where the child live the application process a	ves pei											
First Line of Address	3											
Second Line of Add	ress											
Town								P	ostcode			
How long has your	child	lived at this a	ddress?									
If you have moved recenbill and a child allowance to move by September be e.g. completion of contraconfirmation of the sale of Child's Current School	e or be out are acts on or endi	nefit document in still living at your your new propert	your name current add y and solici	or that of y ress when tor's letter	our child. you apply confirming	You <b>mus</b> y, we can gethe sale operty. Fu	t also in only con of your orther ev	form your child's on sider your applications old property, or a li	current sch tion from t rental agre cy may be	nool of yo the new a ement or requeste	ur new add ddress if yo n the new p	ress. If you expect ou provide evidence
Is the child <b>in the pu</b> Applications for Looked A						No r.	If yes	, state the Loca	al Author	rity		
Was the child <b>form</b>	<b>erly</b> i	n public care?	Yes		No							
Only tick yes if the child 2002) or became subje this to the Admissions	ct to a	child arrangeme										
Exceptional Medica specific school. For this to The evidence must expla The evidence may need	to be c ain why	onsidered you <b>mu</b> it is the <b>only</b> sch	ust provide lool that cou	written evi uld meet yo	dence from our child's	m a hospit needs. P	tal consu	ultant or paediatric	ian or a re	levant pr	ofessional t	for social grounds.
Applicant's Details	<u>i</u>											
Full Name							Rela	tionship to Child				
Home/Work Phone							Mob	oile Phone				
Email Address												
If any other person ha	s pare	ental responsibil	ty for this	child, plea	ase name	e them he	ere.					

Relationship to Child

Please write the name and postcode (if known) of the additional schools for which you are applying for in order of preference.

Preference	School Name	School Postcode
1	If there is a sibling attending (including half brothers and sist the family at the same address), please write their name approvide details of the sibling who is nearest in age.	sters, stepsiblings, adopted and fostered children living with nd DOB in the box below. If there is more than one, please
	Sibling Details	
Additional Preference	School Name	School Postcode
2	If there is a sibling attending (including half brothers and sist the family at the same address), please write their name a provide details of the sibling who is nearest in age.  Sibling Details	
Additional Preference	School Name	School Postcode
3	If there is a sibling attending (including half brothers and sist the family at the same address), please write their name a	
	provide details of the sibling who is nearest in age.  Sibling Details	
		School Postcode
	Sibling Details  School Name  If there is a sibling attending (including half brothers and sist the family at the same address), please write their name a provide details of the sibling who is nearest in age.	sters, stepsiblings, adopted and fostered children living with
	School Name  If there is a sibling attending (including half brothers and sign the family at the same address), please write their name at	sters, stepsiblings, adopted and fostered children living with
ld named overlea	Sibling Details  School Name  If there is a sibling attending (including half brothers and sist the family at the same address), please write their name a provide details of the sibling who is nearest in age.	sters, stepsiblings, adopted and fostered children living with and DOB in the box below. If there is more than one, please rence. I certify I have parental responsibility for the frame knowledge and belief. I understand that givin

IN ORDER TO BE CONSIDERED IN THE FIRST ROUND OF BACKFILLING, WE MUST RECEIVE THIS FORM BY 17 MARCH 2025.

Any forms received after this point will be considered in a subsequent round of backfilling. (Backfilling is when places are allocated at undersubscribed schools and also at oversubscribed schools where places have recently become available.)

Bradford Metropolitan District Council is committed to compliance with the requirements of the General Data Protection Regulation and the Data Protection Act 2018. Further information about how we process your information can be found on the Council's privacy notice including contact details for the Council's Data Protection Officer: <a href="https://www.bradford.gov.uk/privacy-notice">www.bradford.gov.uk/privacy-notice</a> A paper copy of this information is available on request.