



Application for Year 10 Entry

Lincoln University Technical College

This application form is for Year 10 admission at Lincoln University Technical College for September. If you wish to apply for any other year group please go to Lincoln UTC's website at www.lincolnutc.co.uk/parents/admissions for further information.

Lincolnshire Residents

The closing date for applications to be returned to the Local Authority is 31 October.

For your application to be processed in time for offer day on 1 March your application must be received no later than 12 noon on 15 December. If your application is received after this date your application will be processed at a later date.

Offer letters will be posted on 1 March to advise you of the outcome of your application in line with Lincolnshire's Secondary Co-ordinated Admissions Scheme.

Lincolnshire residents should return completed applications to:

School Admissions Team
Lincolnshire County Council
County Offices
Newland
Lincoln
LN1 1YQ

Or e-mail a copy to: schooladmissions@lincolnshire.gov.uk

Non Lincolnshire Residents

If you do not live in Lincolnshire you should complete this form but return it to your home Local Authority's School Admissions Team in line with their Secondary Co-ordinated Admissions Scheme deadlines.

Offer letters will be posted on 1 March by your home Local Authority.

Allocation of Places

The college's admissions policy is available at www.lincolnutc.co.uk/parents/admissions or www.lincolnshire.gov.uk/schooladmissions.

The admissions policy contains information on how places are allocated along with definitions of siblings, medical and social reasons, plus additional admissions information.

How did you find out about Lincoln UTC ?

Data Protection Act

Lincolnshire County Council is registered under the Data Protection Act and will use personal information only within the Council or partner organisations and in accordance with the requirements of the Act. (Registration No: Z8397628)

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Note: Please complete this form in black ink and BLOCK CAPITALS. Place a X to select a check box.

CHILD DETAILS AND CHILD RESIDENCE ADDRESS

Surname

Forename

Date of Birth / / Male Female

House

Street

Town

Post Code -

Special Educational Needs

Put a cross in this box if you are sure that your child has a Statement of Special Educational Needs or Education, Health and Care Plan

If you have put a cross in this box, you do not need to fill in the rest of this form. Please complete the declaration below and send the form back in the envelope provided.

If the child is in Public Care or has previously been in Public Care, which has now ceased due to adoption (or become subject to a child arrangements order or a special guardianship order), state with which Local Authority

Current Secondary School

PARENT OR CARER DETAILS

Title

Surname

e-mail address

Home Phone

 -

Work Phone

 -

Mobile Phone

Enter address if different from child address above

SUPPORTING REASONS

Sibling already at the college:

Surname

Date of Birth

Forename

 / /

Medical and social reasons:

If you are applying on medical or social grounds please state your reasons below. Written support from a doctor or social worker is also required :

Supporting documents

If you are supplying any other documents that support your application please put a cross in this box. Please send copies not original documents.

DECLARATION BY PARENT OR CARER WHO HAS PARENTAL RESPONSIBILITY

I declare that all the information in this application is correct.

Relationship to child

Signature

Print Name

Date

 / /

Father

Mother

Other family member

Other relative

Foster parent

Step parent

Other contact

Social worker

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