

ADDITIONAL PREFERENCE APPLICATION

Starting Secondary School in September 2026



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 of Birth	
Middle Name(s)		Gender	
Legal Surname			

Child's Home Address

This is where the child lives permanently. Where a child lives with separated parents who have shared responsibility, parents must decide which address to use for the application process and give both parents' details on a separate sheet of paper. Evidence of residency should be sent with this application form.

First Line of Address			
Second Line of Address			
Town		Postcode	
How long has your child lived at this address?			

If you have moved recently, you **must** provide a copy of your council tax bill and a minimum of two additional documents from the following: - gas, electricity, phone bill and a child allowance or benefit document in your name or that of your child. You **must** also inform your child's current school of your new address. If you expect to move by September but are still living at your current address when you apply, we can only consider your application from the new address if you provide evidence e.g. proof of completion on your new property and confirmation of the sale or ending of your tenancy agreement for the previous property; or a rental agreement on the new property and confirmation of the sale or ending of your tenancy agreement for the previous property. Further evidence of residency may be requested.

Child's Current School		Current School's Postcode (if known)	
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Is the child **in the public care** of a Local Authority? Yes ☐ No ☐ If yes, state the Local Authority

Applications for Looked After Children must be made by the child's social worker.

Was the child **formerly** in public care? Yes ☐ No ☐

Only tick yes if the child was previously looked after but ceased to be so because they were adopted (in accordance with the Adoption and Children Act 2002) or became subject to a child arrangements or special guardianship order (in accordance with the Children Act 1989). You will need to send evidence of this to the Admissions Team ASAP.

Exceptional Medical/Social Reasons Some schools give priority to children who have significant medical or social needs which can only be met by a specific school. For this to be considered you **must** provide written evidence from a hospital consultant or paediatrician or a relevant professional for social grounds. The evidence must explain why it is the **only** school that could meet your child's needs. Please read each school's admission policy as not all schools give priority. The evidence may need to be sent directly to the school or to the Admissions Team.

Applicant's Details

Full Name		Relationship to Child	
Home/Work Phone		Mobile Phone	
Email Address			

If any other person has parental responsibility for this child, please name them here.

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

Additional Preference 1	<table><tr><td>School Name</td><td>School Postcode</td></tr><tr><td> </td><td> </td></tr><tr><td colspan="2">If there is a sibling attending (including half brothers and sisters, stepsiblings, adopted and fostered children living with the family at the same address), please write their name and DOB in the box below. If there is more than one, please provide details of the sibling who is nearest in age.</td></tr><tr><td>Sibling Details</td><td> </td></tr></table>	School Name	School Postcode			If there is a sibling attending (including half brothers and sisters, stepsiblings, adopted and fostered children living with the family at the same address), please write their name and DOB in the box below. If there is more than one, please provide details of the sibling who is nearest in age .		Sibling Details	
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Declaration

I have ranked the additional schools I wish to apply for in order of preference. I certify I have parental responsibility for the child named overleaf and that the information given is true to the best of my knowledge and belief. I understand that giving false or deliberately misleading information may result in the withdrawal of the offer of a school place.

Signature Print name Date

Please email the completed form to - secondaryadmissions@bradford.gov.uk
Or post it to - Admissions Team, Britannia House, Hall Ings, Bradford, BD1 1HX

IN ORDER TO BE CONSIDERED IN THE FIRST ROUND OF BACKFILLING, WE MUST RECEIVE THIS FORM BY 16 MARCH 2026.
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: www.bradford.gov.uk/privacy-notice A paper copy of this information is available on request.