**LOWER PREFERENCE FORM**

This form is for Lewisham residents who may want to reinstate a Lower preference school to their child’s **application for starting school in September 2024**.

Please complete the box for the preference that you would like reinstated.

Completed forms must be returned via email to: primaryadmissions@lewisham.gov.uk

 **Child’s details**

|  |  |
| --- | --- |
| **Application Ref Number** | **209-2024-09-E-**  |
| Child’s First Name |  |
| Child’s Surname |  |
| Date of Birth |  |
| Home Address |  |
| Home LA |  |
| Current School |  |
| LAC | Yes/No |

**Parent/Carer details**

|  |  |
| --- | --- |
| **Parents/Carers name** |  |
| Address if different from the child |  |
| Telephone |  |
| Email Address |  |

**Preference Details**

|  |  |
| --- | --- |
| **Lower School Preferences** |  |
| **Lower Preference 1** |  |
| Sibling at the school  | Yes/No – name and dob of sibling |
| Borough the school is in |  |
| **Lower Preference 2** |  |
| Sibling at the school  | Yes/No – name and dob of sibling |
| Borough the school is in |  |
| **Lower Preference 3** |  |
| Sibling at the school  | Yes/No – name and dob of sibling |
| Borough the school is in |  |
| **Lower Preference 4** |  |
| Sibling at the school  | Yes/No – name and dob of sibling |
| Borough the school is in |  |
| **Lower Preference 5** |  |
| Sibling at the school  | Yes/No – name and dob of sibling |
| Borough the school is in |  |
| **Lower Preference 6** |  |
| Sibling at the school  | Yes/No – name and dob of sibling |
| Borough the school is in |  |
|  |  |

• Information regarding waiting list positions for Lewisham Community Schools will only be available 20th May 2024 onwards.

• Waiting lists will be kept in over-subscription order until the end of the Autumn term 2024, (31st December 2024) when they will be deleted.

• Lewisham Admissions will share the application data with the relevant local authority/ies as appropriate and the application will be processed as part of that admission round.

**Declaration and signature(s) of Parent(s)/Carer(s)**

Signature(s) of

Parent(s)/Carer(s)

Date:

Please email back to primaryadmissions@lewisham.gov.uk

**Lewisham School Admissions Team**