

ADDITIONAL PREFERENCE FORM

This form is for Lewisham residents who may want to add any additional schools to their child's **application for starting school in September 2025**.

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

Child's details

Application Ref Number	209-2025-09-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

Additional School Preferences	Please list the schools in the order you would like to be offered. If you are offered your second additional preference it will remove the lower preferences of 3 & 4 but you will remain on the waiting list for your first preference. Please note additional preferences do not change your waiting list positions for any schools on your original application.
Additional Preference 1	
Sibling at the school	Yes/No – name and dob of sibling
Borough the school is in	

Additional Preference 2	
Sibling at the school	Yes/No – name and dob of sibling
Borough the school is in	
Additional Preference 3	
Sibling at the school	Yes/No – name and dob of sibling
Borough the school is in	
Additional Preference 4	
Sibling at the school	Yes/No – name and dob of sibling
Borough the school is in	
Additional Preference 5	
Sibling at the school	Yes/No – name and dob of sibling
Borough the school is in	
Additional 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 19th May 2025 onwards.
- Waiting lists will be kept in over-subscription order until the end of the Autumn term 2025, (31st December 2025) 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