

Ministry of Defence School Admissions and Appeals - CEAS Support Application Form

ADMISSIONS & APPEALS APPLICATION FOR CEAS SUPPORT

PARENT DETAILS

Service	No:	Rank:		Surname:				Initials:	
Service	:	Army	RAF	RN		RM		Civil Ser	vice
Current	Unit address (i	incl postcode):							
Current	home address	(incl postcode)):						
Email:				Expe	cted futui	re assig	nment da	ite:	
Telepho	one Number:			Mobil	Mobile Number:				
CHILD [DETAILS (for	whom this ac	dmissions	case rela	tes to)				
First na	me(s):			Surname	:				
Date of	birth:			Year grou	ıb:			Male	Female
Name o	of current school	ol:							
Address	s of current sch	ool:							
Date co	mmenced at cu	urrent school:							
ADDITIO	ONAL SCHOO	OLS DETAILS	Տ - Please բ	provide yo	ur child'	s scho	ol history	<i>'</i> .	
Names of all previous schools attended					Dates Attended				
							_		_

Names of all previous schools attended	Dates Attended		
	From	То	

OFFICIAL – SENSITIVE PERSONAL (when complete)



DCYP-CEAS-FORM-05

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PREFERRED SCHOOL DETAILS

	AILO					
Name of preferred school:						
Address of preferred school:						
Name of new Local Authority/A	dmissions Au	thority (if know	wn):			
Date of school admission appe	al (if known):					
Do any siblings attend, or have	they been off	ered a place	in the preferred	school?	Yes	No
Please provide a detailed desc	ription below	of issue rega	rding School A	dmission:		
In order to have a more detai correspondence between yo application form etc.).						
OTHER CHILDREN IN THE I	HOUSEHOL	D				
Other children in the family (if an CEAS Support Application form			d below do not	have a scho	ool place, a s	eparate
Name	D	Date of Birth	Year group	School	l attending / բ confirmed	place

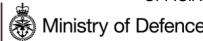
ADDITIONAL INFORMATION

Does your child have any additional needs? (i.e. Medical, SEND) (If 'YES', please provide further details below)	Yes	No

The more information we have regarding your situation, the better informed we are to be able to assist you further.

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CONSENT

I understand that the information provided on this form will be confidentially held by CEAS and that information may be entered on the CEAS database for the purposes of case management.

I agree that CEAS may contact appropriate authorities in order to inform their support and this can include, for example, school admission authorities, schools, housing, health and unit staff.

I agree to CEAS sharing relevant information for the purpose of this support.

Please tick this box to confirm that you have read and agree with the above consent

SIGNATURE

You, the applicant may opt to electronically sign or provide a handwritten signature informing consent.

Option 1 – Electronic Signature

I agree	e that by typing my name and clicking 'Sign', I am e	electron	ically signing my	y application
Signature		Date		Sign
Option 2 – I	Handwritten Signature			
Signature:			Date:	

Please send this completed form with any supporting documentation to:

Postal	address:	CEAS, Bldg 183, Trenchard Lir Upavon, Pewsey, Wiltshire, SN9 6BE	nes,	Email: DCYP-CEAS-Enquiries@mod.gov.uk
Tel:	Military:	94344 8244	Civilian:	01980 618244
Fax:	Military:	94344 8245	Civilian:	01980 618245