

## Address of Convenience Investigation – Referral Form

If you believe a parent/carer has used an address they do not live at to obtain a school place or used a temporary address while retaining a property elsewhere, please complete this form and we will investigate your referral.

### Section 1: Referrer's details

Details of any parent / member of the public who makes a referral will be kept confidential as part of the investigation. They will not be identified to the applicant being investigated. However, if you wish to make an anonymous referral, please select this option in your answer below.

Question	Your answer
Do you wish to make an anonymous referral?	Yes / No (delete as applicable)

Otherwise, please provide your details below

Question	Your answer
Name	
Address including postcode	
Contact details	
Telephone number	
Email	
School/Establishment (If applicable)	

### Section 2: Details of applicant to be investigated (please provide as much detail as known)

Question	Your answer
Child's Name	
Parent/Carer's Name	
Address	
School to which a school application has been made	

### Section 3: Reason for referral

Question	Your answer
Do you believe the family have applied using an address in which they do not / did not live	Yes / No (delete as applicable)
Do you believe the family have applied using a temporary address whilst retaining a property elsewhere	Yes / No (delete as applicable)
Are you making the referral for any other reason	Yes / No (delete as applicable)

If yes, please provide full details below as to why you believe this family may be applying for a school place from an address of convenience:

--

## Section 4: Confidentiality

We have a duty to inform any applicant about an investigation taking place surrounding their address. As part of this correspondence, we will inform the applicant of the reason for referral. We will **not** however identify the name of any parent or member of the public who refers a case to us. Their identity will remain confidential and will not be provided, as part of the investigation, to the applicant. We will, however, identify details of any school that refers a case.

**Please send this completed referral form to:**

School Admissions team, Surrey County Council, PO Box 475, Reigate, RH2 2HP

## Declaration

I certify that the information given is true to the best of my knowledge and belief. I am making this referral in order to assist Surrey County Council to exercise its duty to assess and allocate school places fairly and accurately in line with the relevant legislation.

Name	Signature	Date (dd/mm/yyyy)

**Personal Information Policy** - Our [Privacy Notice](#) explains how we use the information about you and how we protect your privacy.