

BCP RESIDENTS' APPLICATION FORM

Request for delayed entry to a **Bournemouth** school for summer born children (to start school in September 2021 instead of September 2020)



This form is for BCP residents to apply for delayed entry into reception year in a **Bournemouth** school. This is not a school application form – you **must** also complete a school preference form for your child to be considered for a place at your preferred school(s). Please complete and return this form to the Admissions Services Team, THE-3, Town Hall, Bournemouth, BH2 6DY.

If you need help completing this form, please contact the Children's Information Service at the Town Hall, St Stephen's Road, Bournemouth, BH2 6EB, Tel. 01202 456223.

YOUR CHILD'S DETAILS

Last name (Legal name) _____

First name _____ Middle Name(s) _____

Known as last name (if different) _____

Date of birth _____ / _____ / _____ Gender: Male Female

Current pre-school or Nursery _____

Does your child have a Statement of Special Educational Needs or EHCP**?
**Education, Health & Care Plan YES NO

Is this an application for a local authority 'Looked After' child (i.e. in foster care) or previously Looked After child? YES NO

Are all parties with Parental Responsibility in agreement with this request? YES NO

If not, why not? _____

Child's permanent home address _____

_____ Postcode _____

Is this also **YOUR** permanent address? YES NO

If not, what is your address? _____

PARENT/CARER NAME(S) and DETAILS

Mr/Mrs/Miss/Ms _____ Home telephone _____

Email address _____ Other contact number _____

What is your relationship to the child? _____

TO WHICH SCHOOLS DOES THIS REQUEST RELATE? (MAXIMUM OF THREE SCHOOLS)

School Name: _____

School Name: _____

School Name: _____

DECLARATION

I, having parental responsibility for the above-named child, state that, to the best of my knowledge and belief, the information I have given is correct and complete and that I will advise the Admissions Team at the Town Hall, in writing, of any changes to the information on this form. I also understand that the information I have submitted on this form is covered by the Data Protection Act 2018. This may include a residence verification check against Council Tax records.

Signature _____

Date _____

/ /

Name (block capitals) _____

DATA PROTECTION ACT 2018

Information will be held and used in compliance with the Data Protection Act 2018. If you would like to know more about how we use your personal information please see our privacy notice which is available at www.bcpccouncil.gov.uk.

If you are applying for a delayed entry to a school located in the Christchurch area of Bournemouth, Christchurch and Poole Council, please contact us to request the correct form is sent to you. You can do so by calling 01202 456223 or emailing cis@bcpcouncil.gov.uk.

If you are applying for a delayed entry to a school located in the Poole area of Bournemouth, Christchurch and Poole Council, please contact us to request the correct form is sent to you. You can do so by calling 01202 261936 or emailing school.admissions@bcpcouncil.gov.uk.

Please provide your reasons for wishing to delay admission for your child for a year after their normal chronological age of admission to Reception year group (if you need to provide more information please attach a separate sheet):

YOU MUST PROVIDE SUPPORTING EVIDENCE FOR YOUR REQUEST FROM APPROPRIATE PROFESSIONALS SUCH AS HEALTH VISITOR, PRE-SCHOOL/NURSERY MANAGER OR EARLY YEARS DEVELOPMENT OFFICER. THIS IS NOT A COMPLETE LIST BUT PROVIDED AS A GUIDE TO ASSIST YOU.

PLEASE NOTE IF YOUR REQUEST IS APPROVED YOUR SCHOOL PREFERENCE APPLICATION WILL NOT BE PROGRESSED TO AN OFFER AND YOU MUST APPLY BY 15 JANUARY IN THE SCHOOL YEAR YOU WISH YOUR CHILD TO BE CONSIDERED FOR A PLACE IN RECEPTION.

PLEASE ENSURE YOU READ THE SUMMER BORN CHILDREN POLICY FOR ALL SCHOOLS YOU HAVE NAMED ON YOUR SCHOOL PREFERENCE FORM.

PLEASE DISCUSS YOUR REQUEST WITH ADMISSIONS SERVICES TEAM FOR FURTHER GUIDANCE.

ACKNOWLEDGEMENT

If you would like to receive an acknowledgement by post, please enter your name and address below. If you would prefer to receive an email acknowledgement, please tick this box and check that you have provided your email address on the front page.

Please note that we send an acknowledgement for every form we receive. If you have not received your acknowledgement within 10 working days, please contact the Admissions Team urgently, giving you time to submit a duplicate, if necessary, before the closing date.

Date as postmark

Ref:

Your name and address:

Dear

I confirm that your completed Delayed Entry application form was received in our office on the following date:

Signed:
School Admissions Team