

IN YEAR REQUEST FOR A SCHOOL PLACE

For a school place within the BCP Council area.



YOUR CHILD'S DETAILS (Please do not use abbreviated or 'known as' names)

Last Name (Legal Name) _____

First Name _____ Middle Names _____

Male Female Date of Birth _____ / _____ / _____ Year Group _____

Current Address _____

Postcode _____

Your new address (if you are moving) _____

Postcode _____ Expected date of move _____ / _____ / _____

(Proof of your new address is required in the form one of the following: your most recent council tax invoice, signed tenancy agreement, gas, electric or water bill dated within last three months, or a copy of your solicitor's letter/email confirming exchange of contracts and giving a completion date).

Previous/Current School or Educational Provision _____

Postcode _____ Telephone _____

If your child has already left the school, please give the last date they attended _____ / _____ / _____

Does your child have an Education, Health & Care Plan? Yes No

Is your child in the care of a Local Authority under the Children Act 1989? Yes No
(i.e. foster care)

If yes, please provide the details of the Local Authority and the social worker.

Local Authority _____

Social Worker _____ Tel No _____

Is your child adopted, or are they subject to a Special Guardianship or child arrangements order after having been in the care of a Local Authority? Yes No

Was your child previously in State Care outside of England & been adopted? Yes No

If yes, you must provide a copy of your Adoption Certificate or Special Guardianship Order.

Are any other agencies involved with your child/family? Yes No

If yes, please give details of the service(s) together with the name and telephone number of your key/support worker(s) _____

Please note that the Admissions Team may contact any services supporting your child for additional information before processing your application.

SCHOOL PREFERENCES

Please name up to three different schools you would like your child to attend in the order you prefer them. This form is for BCP schools only, if you wish to apply for schools outside the BCP Council area please contact the relevant Local Authority.

Date the school place is required _____

FIRST PREFERENCE SCHOOL _____

SECOND PREFERENCE SCHOOL _____

THIRD PREFERENCE SCHOOL _____

Reasons why you wish your child to be educated at your preferred schools

Are you applying on sibling grounds? Yes No
(Some schools include siblings at linked schools)

Siblings Name _____ Date of Birth _____ / _____ / _____

Sibling's School _____ Year Group _____

Are you applying on religious grounds? Yes No

If you are applying for a school on religious grounds you may also need to complete a Supplementary Information Form (SIF) which is available from each school's website. Please check with the individual schools to find out where to return it.

Have you discussed your reasons with your child's current Headteacher? Yes No

If No, you are advised to do this before passing the form to your child's current headteacher for completion of Page 3.

PARENT/CARER DETAILS

(Mr/Mrs/Miss/Ms/Dr) First Name _____

Last Name _____

Telephone number _____

Email _____

Your relationship to the child (i.e., mother, father, etc) _____

Address (if different from child) _____

Postcode _____

Do you have parental responsibility for this child? Yes No

Are you a member of HM Armed Forces? Yes No

Please sign the form on Page 4 before giving the form to your child's current Headteacher to complete the information requested on Page 3. If Page 3 is not completed by your child's current Headteacher your application cannot be processed and the form will be returned to you.

INFORMATION FROM YOUR CHILD'S CURRENT HEADTEACHER

Please note: a school place cannot be offered until this information is received.

The information may be provided by another member of staff on behalf of the Headteacher.

Please complete **all** sections. If it is not applicable please mark as N/A.

Child's Name _____ DoB _____ Year Group _____

Current School _____ School applied for (if known) _____

Date the child started at your school _____

Is the child still on roll? Yes No Please give the last date they attended _____

1. Has the child ever been permanently excluded from this or a previous school? Yes No

2. Is the child returning from the Criminal Justice System or a PRU and needs re-integration back into mainstream school? Yes No

3. Is the pupil on the school's Special Educational Needs support register? Yes No

If yes, please give a brief outline of need _____

4. Please specify agencies involved and details of the professional/keyworker.

5. Please give details (reason, date and length) of any fixed term exclusions for this academic year and for the last academic year.

6. Please give details (reason, date and length) of any internal exclusions for this academic year and for the last academic year.

7. Has the child ever been on a reduced timetable? Yes No

If yes, please give brief details _____

8. If there is evidence of disruptive behaviour that impacts on learning, please provide details.

9. Any other comments. _____

Signature _____ Date _____

Name _____ Position in School _____

Declaration and signature of Parent/Carer

You are only allowed to submit an application if you have parental responsibility for the child. If there is joint responsibility, this application must be discussed with everyone who has parental responsibility and agreement reached for this form to be submitted. By submitting this application, you are confirming that you have sole parental responsibility for the child or that there is agreement between all persons who have parental responsibility.

I have parental responsibility for or look after the child named on page 1. To the best of my knowledge, the information I have given is correct and complete. I will advise the Admissions Team, in writing, of any changes to the information on this form. I understand that the provision of false or misleading information may lead to the withdrawal of the offer of any school place either prior to or during the school term. I also understand that the information I have submitted on this form is covered by the Data Protection Act 2018.

General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018 - We process your personal information in accordance with GDPR and Data Protection Act 2018. If you would like to know how we use your information, please see our Privacy Notice on the Council's [Privacy policy](#) link.

In accordance with the DPA 2018 we are required to keep the information we hold about you up to date and accurate. By signing this form you are confirming the information is correct.

Does your child receive transport assistance from BCP Council?

Yes No

Signature of Parent/Carer

Date

Please return your completed form and any supplementary information to;

For Bournemouth and Christchurch schools;

The Admissions Services Team
THE-3
Town Hall
St Stephen's Road
Bournemouth
BH2 6DY

Email: bc.schooladmissions@bcpcouncil.gov.uk

Tel: 01202 456223

For Poole schools;

The School Admissions Team
BCP Council
Dolphin Centre
Poole
BH15 1SA

Email: school.admissions@bcpcouncil.gov.uk

Tel: 01202 261936

If you are naming schools in both areas, please return your completed form to the Admissions Team where your First Preference School is located.