

This form is for children moving to a Dorset school part way through the school year, or in September but not in the normal year of entry for that school. You do not have to be a Dorset resident to complete this form. If you wish to apply for schools in another area please contact the relevant local authority.

If your child has an Education, Health and Care Plan (previously known as a Statement of Special Educational Needs), you should not complete this form. Please contact the <u>Special Educational</u> <u>Needs Team</u> who can advise of the next steps.

Before submitting a form, please read the <u>Parents' Guide and the Admissions Policy</u>. This will tell you what information you will need to provide and whether the school you are applying for has an additional form to complete. **Ensure you attach <u>all</u> supporting information to this form**.

If you need help with the application please contact Dorset Direct 01305 221060 who can help you complete the form.

### Child's Details

Child's Legal Surname:	Child's Forename(s):		
Known as Surname: / /	Male/ Female	Date of Birth:	
(if appropriate)			
Current /Previous / School:			
Is your child currently attending school?			
Address Details			
Current Address:			
	Pos	stcode:	
Future/Previous Address (if moving hou	se):		
	Pos	stcode:	
(Expected) Date of Move:			
Please tick which address you would like your application to be considered from: We can only base your application on your future address if you have supplied us with evidence of this address. See <u>Parents' Guide</u> for further information.			
Current address	Future address		

We aim to provide a school place at your highest preference wherever possible. However, there is no guarantee that you will get your preferred school. Even if you move into the catchment area the school may already be full. We advise all parents and guardians to consider naming more than one preference. You can contact the <u>School Admissions Team</u> to discuss availability, check your catchment school or if you need additional information.

# FIRST PREFERENCE SCHOOL

School Name:			
Medical reasons (You must	supply evidence) 📋	Social Reasons (Child prote	ection/ vulnerable
Feeder School	Distance 🗌	Catchment Area 🗌	Sibling
Religious (You must supply	evidence) 🗌 Abil	ity or Aptitude Testing 🗌	
Other reasons for your prefe	erence:		
SE		ENCE SCHOOL	
School Name:			
	, ,, <u>,</u>		
Medical reasons (You must child)	supply evidence)	Social Reasons (Child prote	ection/ vulnerable
Feeder School	Distance 🗌	Catchment Area	Sibling
Religious (You must supply	evidence) 🗌 🛛 Abil	ity or Aptitude Testing 🗌	
Other reasons for your prefe	erence:		
т	HIRD PREFERE	NCE SCHOOL	
School Name:			
Medical reasons (You must	supply evidence)	Social Reasons (Child prote	ection/ vulnerable
<i>child)</i> Feeder School	Distance 🗌	Catchment Area	Sibling
Religious (You must supply		ity or Aptitude Testing 🗌	
Other reasons for your prefe	erence:		
Reason for changing	g school:		
		(continue on a separa	ate sheet if necessary)

Date Place Required:				
Siblings   Child with multiple birth siblings (twins, triplets etc)   YES/ NO			10	
Please provide details of any siblings and schools they are/will be attending <b>NOTE:</b> Siblings must be identified as having the same home address (see Parents' Guide for clarification)				
Child's Name:	Date of Birth:	School:		
Child's Name:	Date of Birth:	School:		
Child's Name:	Date of Birth:	School:		
Child's Name:	Date of Birth:	School:		
Religious/Faith Reasons   Are you involved with the life and worship of a church?   If YES, please provide details of your vicar/priest/minister/leader:   Vicar/Minister's Name:   Address:				
Name of Church attended: Denomination:				
Has your child been baptised/ christened?				
Important: Please check the admissions policy for the school you wish to apply for. The policy states				

clearly the evidence you need to send in, in order for us to consider your application under religious/faith criteria and whether the school would like you to complete a supplementary information form.

If this information is not received or endorsed, or is insufficient, your application will not be considered under these criteria, but will be considered under the next appropriate criteria.

### Child in (or previously in) Care

These are children who have had a full or interim Care Order or children who are or have been accommodated under Section 20/22 of the Children Act 1989. This includes children who have been subject to an adoption, residence or special guardianship order.

Is this application	for a	Child	<u>currently</u>	in Care?
Is this application	for a	Child	previously	v in Care?

YES/	NO
YES/	NO

If **YES**, to which Local Authority:

Does your child meet any of the following criteria?	
	_
Has been permanently excluded from school?	
Has had 15 days (secondary)/ 5 days (primary) or more days of fixed term exclusions from sch	100 ?
YES / 🗌 NO	

Is attending Education Other than at So YES /	_	
	(co	ontinue on a separate sheet if necessary)
Has a multi-agency team identified you	r child's needs?	
Does your child have any disability of v where adaptations to the school or spe		🗌 YES/ 🗌 NO
Is your child the subject of child protect	ion issues?	🗌 YES/ 🗌 NO
If you have answered YES to any of the	e above <b>please provide details</b> :	
	(ca	ontinue on a separate sheet if necessary)
Is the Child's Parent/Guardian in the H	M Armed Forces?	
Parent/Guardian Details This application must be completed by days/weeks (unless a Court Order state Mr/Mrs/Miss/Ms: Relationship to Child: Address (if different from child's):	•	or the majority of school
Tel No:	Mobile Tel No:	
Email address:		
Children in Care ONLY Details of Social Worker:		
Mr/Mrs/Miss/Ms:	Tel No:	
Details of <b>carer</b> : Mr/Mrs/Miss/Ms:	Tel No:	
Address (if different from child's):		

#### **Declaration:**

You are only allowed to submit an application if you have parental responsibility for the child. If there is joint parental responsibility, this application must be discussed with everyone who has parental responsibility and an 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.

You are confirming that checks can be made by the Local Authority if necessary to verify the information provided. You are accepting that the Local Authority reserves the right to withdraw school places which have been obtained by providing incorrect or misleading information.

You are also confirming that all details are correct to the best of your knowledge and that you have read the parents guide. If you do not have parental responsibility, do not submit this application.

### Signature:

Date:

(If sending this form by email, please type your name in the signature field – this will act as your digital signature)

## DATA PROTECTION

The information that you give on this form will be used by the Council for the purpose of processing your application for a school place & school transport where appropriate for your child. The information will be shared with schools, the Department for Education, and where relevant and pertinent to your application, diocesan bodies, appeal panels and with other local authorities and schools in their area. It will not be used for any other purpose unless required to do so by law. A record of the information you provide will be kept whilst your child is of compulsory school age plus a further academic year. Should you have any queries about Data Protection more detailed information is available on our website at www.dorsetforyou.gov.uk.

Please submit your form by doing one of the following: **Email** to: <u>admissions@dorsetcouncil.gov.uk</u>

Post to: School Admissions Team Dorset Council County Hall Colliton Park Dorchester Dorset DT1 1XJ

Please note: It is the parent/carer's responsibility to ensure that the completed application form and ALL supporting documents arrive safely. If you would like a receipt of your posted application form, please provide a stamped addressed envelope with this application. If you hand this in at a school you may wish to ask for a receipt.

#### Please contact School Admissions if you need this form in Braille, large type or another language.