

This form is for children due to start Secondary School in September 2024. You can **<u>only</u>** apply using this form if you live at, or have proof, of a Dorset address. If you live in another local authority, including Bournemouth, Christchurch and Poole, you must contact that authority for details on how to apply for a school place.

If your child has an Education, Health and Care Plan (previously known as a Statement of Special Educational Needs) you should not complete this application form. Please contact the <u>Special</u> <u>Educational Needs and Disability 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: / / (if appropriate)	☐ Male/	Date of Birth:
Current School:		

Address Details

Current Address:		
	Postcode:	
Future/Previous Address (if moving h	nouse):	
(Expected) Date of Move:	Postcode:	
· · · /		
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 (<i>You must Supply Evidence</i>) Social Reasons (<i>Child Protection/ vulnerable Child</i>)
Feeder School Distance Catchment Area Sibling Religious (You Must Supply Evidence) Ability or Aptitude Testing
SECOND PREFERENCE SCHOOL
School Name:
Medical reasons (You must Supply Evidence) Social Reasons (Child Protection/ vulnerable Child)
Feeder School Distance Catchment Area Sibling Religious (You Must Supply Evidence) Ability or Aptitude Testing Sibling
THIRD PREFERENCE SCHOOL
School Name:
Medical reasons (<i>You must Supply Evidence</i>) Social Reasons (<i>Child Protection/ vulnerable Child</i>)
Feeder School Distance Catchment Area Sibling Religious (You Must Supply Evidence) Ability or Aptitude Testing Sibling
Any other reasons for your preferences (please specify which school):
(continue on a separate sheet if necessary)

Siblings

Child with multiple birth siblings (twins, triplets etc)

□ YES/ □ NO

Please provide details of any siblings and schools they are/will be attending **NOTE:** Siblings must be identified as having the same home address (see <u>Parents' Guide</u> for clarification)

Child's Name:	Date of Birth:	School:
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Religious/Faith Reasons Are you involved with the life and worship of a church	?
If YES , please provide details of your vicar/priest/mini Vicar/Minister's Name: Address:	ster/leader:
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 <u>previously</u> in Care? YES/ NO			
If YES , to which Local Authority:			
Has a multi-agency team identified your child's needs?			
Does your child have any disability of which a school should be aware of where adaptations to the school or specialist equipment would be required?			
Is your child the subject of child protection issues?			
If you have answered YES to any of the above please provide details :			
(continue on a separate sheet if necessary)			

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.

You are only allowed to submit an application if you have parental responsibility for the child. If there is

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

You are confirming that checks can be made by the Local Authority if necessary to verify the information

joint parental responsibility, this application must be discussed with everyone who has parental

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 gueries about Data Protection more detailed information is available on our website at www.dorsetcouncil.gov.uk/vour-council/about-vour-council/data-protection/data-protection.

Name:

Mr/Mrs/Miss/Ms: Relationship to Child:

Address (if different from child's):

Tel No:

Mobile Tel No:

Email address:

Declaration:

Children in Care ONLY

Details of Social Worker: Mr/Mrs/Miss/Ms: Name: Details of carer: Mr/Mrs/Miss/Ms: Name: Address (if different from child's):

all persons who have parental responsibility.

Tel No:

Tel No:

Parent/Guardian Details

This application must be completed by the parent who has care of the child for the majority of school days/weeks (unless a Court Order states differently).

Is the Child's Parent/Guardian in the HM Armed Forces?

YES/ NO

The closing date for the first round of allocations is <u>31 October 2023</u>. If you submit your application before this date a letter will be sent to you on **1 March 2024** advising you of the outcome.

Applications received between the **1 November 2023 – 29 February 2024** will be considered in our late round and you will be informed of the outcome on the **2 April 2024**.

Applications received after the **29 February 2024** will be dealt with as they are received as In-Year applications.

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.