



Please use this form to notify us of any changes you wish to make to an application that has already been submitted to School Admissions (eg change of school preference, change of address, change of current school etc).

Child's Details

Child's Legal Surname:	Child's Forename(s):
Known as Surname:	<input type="checkbox"/> Male/ <input type="checkbox"/> Female
Date of Birth: / /	
Current School: _____ (if appropriate)	

Address Details

Current Address:	Postcode:
Future/Previous Address: (if moving house)	Postcode:
+ Please provide proof of your change of address (see Parents' Guide) (Expected) Date of Move: _____	

Existing Preference Schools:

FIRST PREFERENCE SCHOOL:
SECOND PREFERENCE SCHOOL:
THIRD PREFERENCE SCHOOL:

New Preference Schools:

Please note if one of your new preference schools can be offered, any previous offer will be withdrawn.	
FIRST PREFERENCE SCHOOL:	Reason:
SECOND PREFERENCE SCHOOL:	Reason:
THIRD PREFERENCE SCHOOL:	Reason:

Any other reasons for change of preference (please specify which school):

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).

Mr/Mrs/Miss/Ms: _____

Relationship to Child:

Address (if different from child's):

Tel No:

Mobile Tel No:

Email address:

Children in Care ONLY

Details of **Social Worker**:

Mr/Mrs/Miss/Ms:

Tel No:

Details of **Carer**:

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.dorsetcouncil.gov.uk.

Please submit your form by doing one of the following:

Email to: admissions@dorsetcouncil.gov.uk

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.

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