



This form is for children starting school for the first time in September 2027. You can **only** 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.

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 either you have sole parental responsibility for the child or that there is agreement between **all** persons who have parental responsibility. Please see Page 29 of the Parents' Guide for further information.

If your child has an Education, Health and Care Plan you should not complete this application form. Please contact the [Special Educational Needs and Disability Team](#) who can advise of the next steps.

Before submitting a form, read the [Parents' Guide and the Admissions Policy](#). This will give you the information you will need to provide and whether the school you are applying for has an additional form to complete. **Ensure you attach all 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/ ☐ Female Date of Birth: / /

Address Details

Current Address:	Postcode:
Future/Previous Address (if moving house):	Postcode:
(Expected) Date of Move:	

Please tick which address you would like your application to be considered from:

☐ Current address ☐ Future address

We can only base your application on your future address if you have supplied us with evidence of this address. See [Parents' Guide](#) for further information.

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 [School Admissions Team](#) to check your catchment school or if you need additional information.

You can request for your child's school start date to be delayed (known as deferred entry) or to go to school part-time until, at the latest, the term after their 5th birthday. In the term after their 5th birthday, they must start attending school full-time. Please see the [Parents' Guide and the Admissions Policy](#) for further information.

FIRST PREFERENCE SCHOOL

School Name:

Medical Reasons (*You Must Supply Evidence*) ☐ Social Reasons (*Child Protection/Vulnerable Child*) ☐
Distance ☐ Catchment Area ☐ Sibling ☐ Religion (*You Must Supply Evidence*) ☐
Aptitude or Ability Testing ☐ Staff ☐

SECOND PREFERENCE SCHOOL

School Name:

Medical Reasons (*You Must Supply Evidence*) ☐ Social Reasons (*Child Protection/Vulnerable Child*) ☐
Distance ☐ Catchment Area ☐ Sibling ☐ Religion (*You Must Supply Evidence*) ☐
Aptitude or Ability Testing ☐ Staff ☐

THIRD PREFERENCE SCHOOL

School Name:

Medical Reasons (*You Must Supply Evidence*) ☐ Social Reasons (*Child Protection/Vulnerable Child*) ☐
Distance ☐ Catchment Area ☐ Sibling ☐ Religion (*You Must Supply Evidence*) ☐
Aptitude or Ability Testing ☐ Staff ☐

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 [Parents' Guide](#) 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?

☐ YES/ ☐ NO

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?

☐ YES/ ☐ NO

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 **currently** in Care? ☐ YES/ ☐ NO

Is this application for a Child **previously** in Care? ☐ YES/ ☐ NO

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

Has a multi-agency team identified your child's needs?

☐ YES/ ☐ NO

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?

☐ YES/ ☐ NO

Is your child the subject of child protection issues?

☐ YES/ ☐ NO

If you have answered YES to any of the above **please provide details:**

(continue on a separate sheet if necessary)

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

☐ YES/ ☐ 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).

Mr/Mrs/Miss/Ms:

Name:

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:

Name:

Details of **carer**:

Mr/Mrs/Miss/Ms:

Tel No:

Name:

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/your-council/about-your-council/data-protection/data-protection

The closing date for the first round of allocations is **15 January 2027**. If you submit your application before this date a letter will be sent to you on **16 April 2027** advising you of the outcome.

Applications received between the **16 January 2027 – 15 April 2027** will be considered in our late round and you will be informed of the outcome on the **14 May 2027**.

Applications received after the **15 April 2027** will be dealt with as they are received as In-Year applications.

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. 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.