

BCP RESIDENTS' APPLICATION FORM

For admission to **community and voluntary controlled** schools into a year group different to that determined by date of birth.

Including delayed admission to reception for summer born children.



This is not a school application form – you **must** also complete a school preference form for your child to be considered for a place at your preferred school(s). Please complete and return this form using the contact details below.

School Admissions Team
Dolphin Centre
Poole, BH15 1SA

School.admissions@bcpcouncil.gov.uk

YOUR CHILD'S DETAILS

Last name (Legal name) _____

First name _____ Middle Name(s) _____

Known as last name (if different) _____

Date of birth _____ / _____ / _____ Gender: Male Female

Current school, pre-school or nursery (if any) _____

Does your child have an Education Health & Care Plan (EHCP)? YES NO

Is this an application for a local authority 'Looked After' child (i.e. in foster care) or previously Looked After child? YES NO

Are all parties with Parental Responsibility in agreement with this request? YES NO

If not, why not? _____

Child's permanent home address

_____ Postcode _____

Is this also **YOUR** permanent address? YES NO

If not, what is your address? _____

PARENT/CARER NAME(S) and DETAILS

Mr/Mrs/Miss/Ms _____ Contact number _____

Email address _____

What is your relationship to the child? _____

TO WHICH SCHOOL(S) DOES THIS REQUEST RELATE? (MAXIMUM OF FOUR SCHOOLS)

School Name: _____

School Name: _____

School Name: _____

School Name: _____

Please set out clearly whether you are asking for your child to be advanced to a higher year group, for your child to repeat a year, or to delay their admission to reception by one year.

Please explain all your reasons for requesting your child be admitted outside their normal year group attaching any reports and information that you have that are relevant to your application.

Useful information/documentation might include:

Your child's educational history

Indication of your child's wishes where practical/age appropriate

School or other educational reports

Existing professional reports and assessments e.g. educational psychology reports

Health information eg from your child's specialist

Exam courses being followed where appropriate

If you have other information specific to your child that you feel would be helpful that does not appear on this list above please forward this with your application.

Please note that it is your responsibility to ensure that any documents are obtained and attached to this form so that the full circumstances of your request can be considered by the Panel.

DECLARATION

You may only 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.

Signature _____

Date / / _____

Name (block capitals) _____

ACKNOWLEDGEMENT

If you would like to receive an acknowledgement by post, please enter your name and address below. If you would prefer to receive an email acknowledgement, please tick this box and check that you have provided your email address on the front page.

Please note that we send an acknowledgement for every form we receive. If you have not received your acknowledgement within 10 working days, please contact the Admissions Team urgently, giving you time to submit a duplicate, if necessary, before the closing date.

Date as postmark

Ref:

Your name and address:

Dear

I confirm that your completed Delayed Entry application form was received in our office on the following date:

Signed:

School Admissions Team