

# ADMISSION TO RECEPTION YEAR IN SEPTEMBER 2023

Please read our Parents' Guide for 2023 before completing your application.  
You can view the booklet online at [www.bpcouncil.gov.uk/schooladmissions](http://www.bpcouncil.gov.uk/schooladmissions)



The completed form must be returned by **15 JANUARY 2023** to School Admissions Team, BCP Council Civic Centre, Bourne Avenue, Bournemouth, BH2 6DY or via email to [school.admissions@bpcouncil.gov.uk](mailto:school.admissions@bpcouncil.gov.uk)

For information about schools, please contact the Children's Information Service at the BCP Council Civic Centre, Bourne Avenue, Bournemouth, BH2 6DY, Tel: 01202 123222.

## Please complete in BLOCK CAPITALS

### YOUR CHILD'S DETAILS (Please do not use abbreviated or 'known as' names)

Last Name (Legal Name)

First Name

Middle Names

Date of Birth      Day    Month    Year  
                         /        /

Gender (Please tick)

Male ☐

Female ☐

Home Address (where the child normally lives)

Postcode

Current School name and address

Postcode

Does your child have an Education, Health & Care Plan?

Yes ☐

No ☐

Is your child in the care of a Local Authority under the Children Act 1989?  
(i.e. foster care)

Yes ☐

No ☐

If yes, please provide the details of the Local Authority and the social worker.

Local Authority

Social Worker

Tel No

Was your child previously in the care of a Local Authority under the Children Act 1989?

Yes ☐

No ☐

If yes, you must provide a copy of your Adoption Certificate or Special Guardianship Order.

Was your child previously in State Care outside of England & been adopted? Yes ☐

No ☐

If yes, you must provide evidence of their previously looked-after status.

Are you applying for a child you are looking after for somebody else?

Yes ☐

No ☐

If yes, please explain

## SCHOOL PREFERENCES

It is strongly recommended that you name four different schools you would like your child to attend in the order you prefer them, including those situated outside the BCP Council area.

### FIRST PREFERENCE SCHOOL NAME:

Please give your reasons for applying for this school (check the school admissions policy for criteria definitions)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Catchment     | <input type="checkbox"/> Sibling   | <input type="checkbox"/> Feeder/Linked School |
| <input type="checkbox"/> Faith         | <input type="checkbox"/> Medical   | <input type="checkbox"/> Staff Member         |
| <input type="checkbox"/> Pupil Premium | <input type="checkbox"/> Other ( <i>please state below, or on a separate sheet</i> ) |   |

Sibling's Name

Date of Birth

Sibling's School

Year Group

Does the sibling live at the same address as your child?

Yes

☐

No

☐

If no, please give the sibling's address

Postcode

Any other reasons

### SECOND PREFERENCE SCHOOL NAME:

Please give your reasons for applying for this school (check the school admissions policy for criteria definitions)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Catchment     | <input type="checkbox"/> Sibling   | <input type="checkbox"/> Feeder/Linked School |
| <input type="checkbox"/> Faith         | <input type="checkbox"/> Medical   | <input type="checkbox"/> Staff Member         |
| <input type="checkbox"/> Pupil Premium | <input type="checkbox"/> Other ( <i>please state below, or on a separate sheet</i> ) |   |

Sibling's Name

Date of Birth

Sibling's School

Year Group

Does the sibling live at the same address as your child?

Yes

☐

No

☐

If no, please give the sibling's address

Postcode

Any other reasons

**THIRD PREFERENCE SCHOOL NAME:**

Please give your reasons for applying for this school (check the school admissions policy for criteria definitions)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Catchment     | <input type="checkbox"/> Sibling   | <input type="checkbox"/> Feeder/Linked School |
| <input type="checkbox"/> Faith         | <input type="checkbox"/> Medical   | <input type="checkbox"/> Staff Member         |
| <input type="checkbox"/> Pupil Premium | <input type="checkbox"/> Other <i>(please state below, or on a separate sheet)</i> |   |

Sibling's Name

Date of Birth

Sibling's School

Year Group

Does the sibling live at the same address as your child?

Yes ☐

No ☐

If no, please give the sibling's address

Postcode

Any other reasons

**FOURTH PREFERENCE SCHOOL NAME:**

Please give your reasons for applying for this school (check the school admissions policy for criteria definitions)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Catchment     | <input type="checkbox"/> Sibling   | <input type="checkbox"/> Feeder/Linked School |
| <input type="checkbox"/> Faith         | <input type="checkbox"/> Medical   | <input type="checkbox"/> Staff Member         |
| <input type="checkbox"/> Pupil Premium | <input type="checkbox"/> Other <i>(please state below, or on a separate sheet)</i> |   |

Sibling's Name

Date of Birth

Sibling's School

Year Group

Does the sibling live at the same address as your child?

Yes ☐

No ☐

If no, please give the sibling's address

Postcode

Any other reasons

**It is your responsibility to ensure that any supporting information is submitted by the closing date of 15 January 2023.**

## PARENT/CARER DETAILS

((Mr/Mrs/Miss/Ms/Dr) First Name

Last Name

Telephone Number

Email

Your relationship to the child (i.e., mother, father, etc)

Address (if different from child)

Postcode

**Please remember you need to inform the Admissions Team of any change of address after you have submitted your application.**

Do you have parental responsibility for this child?

Yes

☐

No

☐

Are all parties with Parental Responsibility in agreement with this request? Yes

☐

No

☐

Are you a member of HM Armed Forces or a Crown Servant?\*

Yes

☐

No

☐

**\*You will need to supply a copy of your official posting to support this**

**Declaration and signature of Parent/Carer** - You are only allowed to 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 before this form is 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 and this is the only application form I have completed. I will advise the Admissions Team immediately, 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 of Parent/Carer

Date