



In Year Admission Application Form

You must provide proof of your child's date of birth with your application. The processing of your application will be delayed if you fail to submit the relevant evidence.

Child's Surname: _____

Child's First Name(s): _____

Date of Birth ____/____/____ **Gender: Male** **Female**

Current school: _____ **Date admitted:** _____

Reason for your application:

Moving into Central Bedfordshire

Moving to another address in Central Bedfordshire

Not moving address but wishing to change schools

School preferences

You may nominate up to three schools. **Date place required:** _____

1st preference school: _____

2nd preference school: _____

3rd preference school: _____

For Office Use Only

Date Received (date stamp)	Logged onto Tribal (date stamp)	Catchment School
Documents Seen (if applicable)		Comments
Proof of Address <input type="checkbox"/>	Permanent Exclusions Y / N	
Visa <input type="checkbox"/>	SEN Y / N	
Passport <input type="checkbox"/>	LAC/Previous LAC Y / N	
Any other documents - List Below		
School Preferences (delete as necessary)		Year Group _____
1 st Preference - Offered/Declined	PAN	NOR
2 nd Preference - Offered/Declined/Withdrawn	PAN	NOR
3 rd Preference - Offered/Declined/Withdrawn	PAN	NOR
Next Nearest _____		

<p>Current address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode _____</p>	<p>New address (if applicable)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode _____</p> <p>Date of move _____</p>
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Name of parent(s) or carer(s) with parental responsibility making the application:

1st parent/carer

Title: Ms / Mr / Mrs / Miss / Dr / Other _____

Forename _____ **Surname** _____

Relationship to child: _____

Home tel no: _____ **Mobile tel no:** _____

We will only communicate with applicants with parental responsibility named on this application.

2nd parent/carer (if applicable)

Title: Ms / Mr / Mrs / Miss / Dr / Other _____

Forename _____ **Surname** _____

Relationship to child: _____

Home tel no: _____ **Mobile tel no:** _____

Siblings

If you have another child who will still be attending one of the schools you have nominated, please give details below:

Sibling name: _____

D.O.B. ____ / ____ / ____

School attending: _____

Address if different from sibling:

Additional Information

Yes **No**

Does your child have a statement of Special Educational Needs?

Is this application for a 'looked after' or previously 'looked after' child?*

Please provide confirmation from the relevant Local Authority and provide details in the Additional Information box below.

* The Children Act 1989 defines a 'looked after' child as a child or young person who is accommodated by the local authority (Section 20) or a child or young person who is subject of a full care order (Section 31) or an interim care order (Section 38).

A previously 'looked after' child is one who immediately after being 'looked after' became subject to an adoption, residence, or special guardianship order. An 'adoption order' is an order under section 46 of the Adoption and Children Act 2002. A 'residence order' is an order settling the arrangements to be made as to the person with whom the child is to live under section 8 of the Children Act 1989. Section 14A of the Children Act 1989 defines a 'special guardianship order' as an order appointing one or more individuals to be a child's special guardian (or special guardians).

Does your child have a 'very exceptional' medical reason why he/she should be given priority of admission to one of the schools listed?

Please note that this criteria does not apply to community & VC schools

Has your child been excluded from their current or a previous school?

(Including fixed term exclusions)

If yes please give details: _____

Is your child known to any other agencies (e.g. Police or Social Services)?

If yes please give details: _____

Are you moving from abroad to the UK?

If so you must include the relevant pages of the parent and child's passport and visa (if applicable)

Please use this space for any additional information to support your application. Attach additional sheets as necessary.

Declaration

I/We, having parental responsibility for the named child, state that, to the best of my/our knowledge and belief, the information that I/we have given is correct and complete and that this is the only application form I/we have completed. I/We will advise School Admissions, in writing, of any changes to the information on this form. I/We understand that the provision of incorrect information could lead to the withdrawal of any offer of a school place. I/We also understand that the information I/we have submitted on this form is covered by the Data Protection Act 1988 (please see paragraph below).

Name of parent(s) or carer(s) with parental responsibility:

Signature of parent(s) or carer(s) with parental responsibility:

Date: _____

Data Protection


We will hold the personal details supplied on the application form for the purposes of processing your application for a school place. We will share the information with the School Admissions Team at Central Bedfordshire Council. We will safeguard your personal details and these will not be divulged to any individuals or organisations for any other purposes.

**Please send your completed application to
School Admissions
Central Bedfordshire Council
Watling House
Dunstable
LU6 1LF**

If you would like confirmation we have received your application please include a self addressed stamped envelope

If you have any questions regarding the process please contact:

**Central Bedfordshire Council
School Admissions**
www.centralbedfordshire.gov.uk/admissions
0300 300 8037
admissions@centralbedfordshire.gov.uk

SCHOOL ADMISSIONS	CONFIRMATION OF RELIGIOUS AFFILIATION <u>Only complete this page if applying on religious grounds</u>	
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IN YEAR APPLICATION FOR CHURCH OF ENGLAND SCHOOLS ONLY

If your application is for a place at a Church of England school on religious or faith grounds you must return this form to us signed by your priest, minister or faith leader who, by signing this form, confirms that you meet the religious criteria for admission to the school. You may wish to refer to the school's prospectus/website for the admissions criteria.

Part A- to be completed by the Parent/Carer

School preferences: (1) _____
(2) _____
(3) _____

Pupil's Surname	
Pupil's First Name	
Date of Birth	
Address	

Part B- To be completed by Priest, Minister or Faith Leader

I confirm that (Name of parent/carer): Is/are a member/practising member of the above congregation/place of worship and meets the criteria for admission to	
Name of priest, minister or faith leader:	
Name of congregation/place of worship:	
Christian denomination or religious faith:	
Signature of priest/minister/faith leader:	
Date:	

SCHOOL ADMISSIONS

CONFIRMATION OF RELIGIOUS AFFILIATION

Only complete this page if applying
on religious grounds



Central
Bedfordshire

IN YEAR APPLICATION FOR CATHOLIC SCHOOLS ONLY

Part A- To be completed by parent/ carer

School preferences: (1) _____

(2) _____

(3) _____

Pupil's Surname

Pupil's First name

Date of Birth

Address

Part B- Declaration by Priest, Minister or Faith Leader

I confirm that (Name of parent/carer):

The family of this child is a practising Catholic family

This child is not baptised but is enrolled in a catechumenate programme

I support this application

Name and address of priest, minister or faith leader:

Name of congregation/place of worship:

Christian denomination or religious faith:

Signature of priest/minister/ faith leader:

Date: