

In Year Application Form

Application details

Information If you are a parent of carer with parental responsibility and you would like to apply for an in year school place for a school in Central Bedfordshire, you must complete this application form. It is important to make sure that the information you provide is factually correct. Please note that an offer may be withdrawn if we find that the parents have given false information. 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. Reason for application: ■ Moving into Central Bedfordshire ■ Moving to another address in Central Bedfordshire ■ Not moving address but wishing to change schools Date of move (if applicable) Proof of child's date of birth □ Proof attached **Pupil Details** You may be asked for proof of address where there is competition for places at your preferred school(s). Name of 1st preference school Name of 2nd preference school Name of 3rd preference school Date place required Pupil's first name(s) Pupil's surname Gender

Date of birth	
Current address	
Postorite	
Postcode	
New address (if applicable)	
Destroit	
Postcode	
Name of current / previous school	
Date of attendance	
Headteachers name	
riodation in individual in incident in inc	
Parent(s) / Carer(s)	
We will only communicate with	the applicants with parental responsibility named on this application
Title	Ms / Mr / Mrs / Dr / Other
Name	
Hamo	
Relationship to child	
Telephone	
- 1	
Email	

2nd Parent(s) / Carer(s) (if applicable)		
Title	Ms / Mr / Mrs / Dr / Other	
Name		
Relationship to child		
Telephone		
Email		

Child Details	
Child Details	
Has your child been excluded from their current or a previous school?	YES / NO
Is the child known to any other agencies (Police, Youth Offending, Social Services etc)?	YES / NO
Siblings	
	o lives at the above address and will still be attending one of the schools details.
Sibling name	
Sibling date of birth	
Address (if different)	
Postcode	
School sibling attends	
Faith Criteria	
If one of the schools you have lis religious / faith grounds you will r	ted as a preference has faith criteria and you are applying for a place on need to complete the attached Confirmation of Religious Affiliation Form.
Confirmation of Religious Affiliation	☐ Confirmation of Religious Affiliation Attached

Additional Needs	
Does your child have an Education, Health and Care Plan or Statement of Special Educational Needs?	YES / NO
Is the application for a 'looked after' child? (i.e. child in care with the local authority)	
Does your child have a very exceptional medical reason why he/she should be given priority for admission to one of your preference schools?	
Additional information: (Continue on attached sheet if necessary)	
Moving From Abroad	
Are you moving from abroad to live in the UK?	YES / NO
	elevant pages of your child's passport and your passport and visa (if d your child have the right of abode in the UK.)
Relevant pages of your child's passport	☐ Passport pages attached
Relevant pages of your passport	☐ Passport pages attached
Your visa	☐ Visa attached
Additional Information: (Continue on attached sheet if necessary)	

Submit Application

Data Protection

The information submitted in this document was collected for the following purposes:

Reason of Central Bedfordshire Council

Central Bedfordshire Council ensures any personal data collected will be retained securely for as long as necessary, and only used for legitimate Council activities to facilitate the delivery of Council services, or for the purpose of preventing and/or detecting fraud and/or crime, in accordance with the Data Protection Act 1998.

Central Bedfordshire Council's Data Protection policy is available from the website at www.centralbedfordshire.gov.uk or by writing to the Corporate Data Protection Officer at Central Bedfordshire Council Offices, Priory House, Monks Walk, Chicksands, Shefford, Bedfordshire, SG17 5TQ.

I have read the Central Bedfordshire Council personal information statement and consent to the personal information I have provided on this form being used for the purposes stated.

Please confirm you have read above statements

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Submit Application

By submitting this form 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.

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

Name	
Signature	
Submission date	

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

Additional Information