

## Starting Middle School

This form is for children due to start Middle School in September 2025. 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.

If your child has an Education, Health and Care Plan (previously known as a Statement of Special Educational Needs) 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, please read the <u>Parents' Guide and the Admissions Policy</u>. This will tell you what 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:	☐ Male/ ☐Female	Date of Birth:		
(if appropriate)				
Current School:				
Address Details				
Current Address:				
	P	ostcode:		
Future/Previous Address (if movir	ng house):			
	P	ostcode:		
(Expected) Date of Move:				
Please tick which address you would like your application to be considered from:  We can only base your application on your future address if you have supplied us with evidence of this address. See <a href="Parents">Parents</a> ' Guide for further information.				
☐ Current address	Future address			

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 <a href="School Admissions Team">School Admissions Team</a> to discuss availability, check your catchment school or if you need additional information.

## FIRST PREFERENCE SCHOOL

School Name:				
Medical reasons ( <i>You must Supply Evidence</i> ) ☐ Social Reasons ( <i>Child Protection/ vulnerable Child</i> )				
Feeder School Distance Catchment Area Sibling				
Religious (You Must Supply Evidence) Ability or Aptitude Testing Staff				
SECOND PREFERENCE SCHOOL				
School Name:				
Medical reasons (You must Supply Evidence) Social Reasons (Child Protection/ vulnerable Child)				
Feeder School				
THIRD PREFERENCE SCHOOL				
School Name:				
Medical reasons ( <i>You must Supply Evidence</i> ) ☐ Social Reasons ( <i>Child Protection/ vulnerable Child</i> )				
Feeder School				
Any other reasons for your preferences (please specify which school):				
protection (product of control of				
(continue on a separate sheet if necessary)				

Child with multiple birth siblings (twins, triplets etc)			YES/ 🗌 NO		
Please provide details of <u>any</u> siblings and schools they are/will be attending <b>NOTE:</b> Siblings must be identified as having the same home address (see <u>Parents' Guide</u> for clarification)					
Child's Name:	Date of Birth:	School:			
Child's Name:	Date of Birth:	School:			
Child's Name:	Date of Birth:	School:			
Child's Name:	Date of Birth:	School:			
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.					
·	.,	орнате сптена.			
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 <u>currently</u> in Care?					
Has a multi-agency team identifie	ad your child's poods?	☐ YES/ ☐	NO		
•	•		INO		
•	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 p	rotection issues?	☐ YES/ ☐	NO		
If you have answered YES to any of the above please provide details:					
		(continue on a separate she	eet if necessary)		

Is the Child's Parent/Guardian in the HM	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: Relationship to Child:	Name:			
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 <b>carer</b> :				
Mr/Mrs/Miss/Ms:	Tel No:			
Name:				
Address (if different from child's):				
Declaration:				
You are only allowed to submit an appli joint parental responsibility, this applica responsibility and an agreement reache	cation if you have parental responsibility for to tion must be discussed with everyone who haved for this form to be submitted. By submitting that responsibility for the child or that there is bility.	as parental g this application, you		
	made by the Local Authority if necessary to vocal Authority reserves the right to withdraw sect 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.				

## **DATA PROTECTION**

Signature: Date:

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 <a href="https://www.dorsetcouncil.gov.uk/your-council/about-your-council/data-protection/dat

(If sending this form by email, please type your name in the signature field – this will act as your digital signature)

The closing date for the first round of allocations is <u>15 January 2025</u>. If you submit your application before this date a letter will be sent to you on **16 April 2025** advising you of the outcome.

Applications received between the **16 January 2025 – 15 April 2025** will be considered in our late round and you will be informed of the outcome on the **14 May 2025**.

Applications received after the **15 April 2025** 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.