

School Admissions Service

In-Year Application Form (PLEASE USE ONE APPLICATION FORM PER CHILD)

Before you complete the application form please read the Notes of Guidance www.bedford.gov.uk/inyearadmissions.

This form should be used for in-year admissions only. Please complete only one form stating your preferences. If you complete more than one form it may delay your application.

<u>DO NOT USE THIS FORM IF YOUR CHILD HAS AN EDUCATION, HEALTH AND CARE PLAN.</u> Please contact <u>sendteam@bedford.gov.uk</u>.

If you need help in understanding or completing this form please contact the School Admissions Service (see page 5 for contact details).



If filling in this form electronically, please save the filled-in form and email to <u>admissions@bedford.gov.uk</u> as an attachment.

Or return the filled-in form by post to: School Admissions Service, Borough Hall, Cauldwell Street, Bedford, MK42 9AP

Reason for your Application

Please tick

Moving into Bedford Borough (evidence of new address and date of birth required)
Moving to another address (evidence of new address)

Not moving address but wishing to change schools (give reason in Section E)

Section A: Name of School(s) Requested

You may nominate up to three preferred schools. These may be community, foundation, voluntary aided, voluntary controlled schools or academies. One of these would normally be your catchment school. Naming only one school, or naming the same school more than once, will not increase your chance of being offered a place.

Start Date:

Order of Preference:		Name of School:
1	Preference:	
2	Preference:	
3	Preference:	

- * If a place cannot be offered for my child at any of the schools I have listed above, I wish my child to be considered for a place at my catchment area school.
- * If you do not want your child to be considered for a place at the catchment area school, please delete the sentence above. However, if you do this, a place may not be available at either your catchment area school or a school close to your home.

Section B: Pupil's Details

Pupil's Surname:	pil's Surname: First Name(s):				
Pupil's Address & Postcode at tim	e of application:				
		Date of Birth (dd/mm/yyyy):			
		Gender (ple	ase tick): Male:	Female:	
Name of Parent or Adult with par	ental responsibilit	ry:			
Title (Mr/Mrs etc):	Initials:		Surname:		
Relationship to Child:			Home Phone:		
Email Address:		Mobile Phone:			
Name and address of current/pre	vious school and	dates of attenda	ince:		
Telephone Number:	H	leadteachers Na	me:		
Has your child received any fixe	ed term exclusion	ns/suspensions?	? (please tick)	Yes:	No:
Has your child received any per If yes, please give details:	manent exclusio	ons? (please tick	:)	Yes:	No:
Is the child known to any other (eg. Police, Youth Offending or S If yes, please give details:	-	please tick)		Yes:	No:
Please note that any offer n	nade will be w	ithdrawn if we	e find that the po	arents have	given
Section C: Oth	er Chilo	dren			
If you have another child wh schools you have nominated school place for another chi	, please give de	etails below. D	o not use this se		-
Name:	Dat	e of Birth:	School attendin	g:	
Name:	Dat	e of Birth:	School attendin	a:	

Section D: Religious Grounds

If one of the schools you have listed in Section A is a voluntary aided school and you are applying for a place on religious grounds, please give details.

Name of School or Schools from Section A:	Your Denomination/Faith:
Reason for choosing school(s):	Name of Faith Leader, Place of Worship and Address:

If you are applying on religious grounds you will need to complete the appropriate confirmation of religious affiliation form (Section F and G) which is attached to this application.

Section E: Other Information

Other information about your child

Please tick Yes No

 i. Is this application for a "looked after" or previously "looked after" child? (See In-Year Guidance Notes for definitions).
 If yes, please provide details below:

Name of Authority:

Date the child became 'Looked After':

Name / Contact details of the Social Worker:

- ii. Does your child have an exceptional medical reason why he/she should be given priority for admission to one of the schools in Section A?(See Notes of Guidance for further information)If yes, please provide details in the Additional Information below.
- iii. Are you moving from abroad to live in the UK?

 If yes, you must provide a copy of the relevant pages of your child's passport to confirm their date of birth.
- iv. Does your child have a parent/carer who works at any of the schools in Section A? If yes, please provide details in the Additional Information below.

Additional Information

Please use this box for the information required in Section E, plus any additional information to support your application.

Transferring from one Bedford Borough School to another Bedford Borough School

If you are requesting a transfer to another local school or your child is experiencing any difficulties at their present school, it is important for you to discuss this with the headteacher of your child's present school and ask them to complete and sign this form. Bedford Borough Council would expect discussions to take place before you make any decision about transferring your child to another school.

Headteacher's Comments:

Signature of Headteacher:

Date:

IF THIS SECTION OF THE FORM IS NOT SIGNED, IT WILL NOT BE PROCESSED

Declaration

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

I have enclosed, as confirmation of my child's address, photocopies of:

Please tick Yes No

Proof of Address (if you are moving you must provide evidence)

Child's Passport (if applicable for Section E iii)

Name of Parent or Adult with parental responsibility:

Signature of Parent or Adult with parental responsibility:

Date:

If you are applying for a place at a school on religious/faith grounds, please complete Section F and/or Section G.

If you have any questions about the admissions arrangements, please contact:

School Admissions Service, Borough Hall, Cauldwell Street Bedford MK42 9AP

Telephone General Enquiries Line: 01234 718120

Fax: 01234 228846

Email: <u>admissions@bedford.gov.uk</u>



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Data Protection

Under new Data Protection regulations (GDPR) Bedford Borough Council needs to inform you of the reasons why we are capturing your data and what we will do with your data. Any personal data collected and/or processed under this policy/procedure will be dealt with in accordance with Data Protection Legislation and the Council's Data Protection Policy. Data is held securely and accessed by, and disclosed to individuals only where relevant to this policy/procedure. To find out more information on this follow the link below.

View the Council's current Privacy Notices at www.bedford.gov.uk/qdprprivacy

Section F: In-Year Applications to Church of England Schools only Confirmation of Religious Affiliation

If your application for a place at any of the following **Church of England** Schools is on **religious or faith grounds** you must make sure that your priest, minister or faith leader confirms, by signing the declaration below, that you meet the religious criterion applicable.

You **must** refer to the school's prospectus or website for details of the admissions criteria.

This is particularly important as these schools may have a variation to their religious criterion as a result of places of worship being closed during the Coronavirus pandemic.

- Christopher Reeves Primary School
- Great Barford Primary School
- Ravensden Primary School
- Riseley Primary School

School(s) (see list above):

- Roxton Primary School
- St. Lawrence Primary School
- Wilden Primary School

If you do not supply the required evidence of faith affiliation we will not be able to process your application under the faith criteria.

Pupil's Surname:	First Name(s):	
Address:		Date of Birth:
Declaration by Priest, N	Ainister or Fai	th Leader
I confirm that:		
Name of Parent(s) or Adult(s) with parental responsibil	lity:	
Is a member / practising member of this cong below) and meets the criteria for admission to Name of School:	•	
Name and Address of Priest, Minister or Faith Leader:		
	Signature of Priest / Ministe	er / Faith Leader:
Christian denomination or religious faith:	Date:	

Section G: In-Year Applications to Catholic Schools only Confirmation of Religious Affiliation

If you are applying for a place on religious grounds because you are a practising Catholic family, your priest **must** confirm this by signing a **Certificate of Catholic Practice**. This is a new requirement from the schools within the Our Lady Immaculate Catholic Academies Trust. The blank certificate can be obtained from the school or downloaded from our website, www.bedford.gov.uk/inyearadmissions

If you are applying because although you are not a practising family, your child has been baptised Catholic, or enrolled in a catechumenate programme, you **must** provide their Baptismal Certificate or your priest **must** confirm enrolment in the programme by signing the declaration below.

If you are applying because you are a practising member of another religion or faith, you **must** make sure that your priest, minister or faith leader completes the declaration below to support your application.

You may wish to refer to the schools prospectus for the admissions criteria.

• St. John Rigby Primary School

School(s) (see list above).

- St Thomas More Secondary School
- St. Joseph's & St. Gregory's Primary School

If you do not supply the required evidence of faith affiliation we will not be able to process your application under the faith criteria.

3c/1001(3) (3cc 113t above).			
Pupil's Surname:	First Name(s):		
Address:			
Baptismal Certificate MUST be attached (please tick):	Yes:	No:	
Declaration by Priest, M	inister o	r Faith	n Leader
I confirm that:			Please tick
This child is not baptised but is enrolled in a coI support this application	atechumenate pr	ogramme	
Name and Address of Priest, Minister or Faith Leader:	Name of Congregation / Place of Worship:		
	Signature of Pries	st / Minister / I	Faith Leader:

Date:

Christian denomination or religious faith: