

LATE APPLICATION FORM FOR STARTING SECONDARY SCHOOL (Year 7) or BEDFORDSHIRE UPPER SCHOOL (Year 9) SEPTEMBER 2024

IMPORTANT INFORMATION

This form should be used for all children transferring to a secondary school (Y7) or Bedfordshire upper school (Y9) in September 2024.

If the child has an Education Health Care Plan (EHCP) please contact the Special Educational Needs Team telephone number 01908 253414 for information on how to apply.

Before you apply

Please read the important information below before completing the application form.

- If you are moving into or within Milton Keynes documentary evidence in the form of a solicitor's letter to confirm exchange of contracts or a copy of your signed lease agreement is required to support your application.
- You must provide your Council tax reference number on the application form to confirm your residence.
- St Paul's Catholic School requires you to complete a supplementary questionnaire and this must be returned to St Paul's Catholic school.
- Ousedale School and Walton High are dual campus schools, Applications are made to the school as a whole and no preference for Campus allocation can be made at the time of application.

Late Application Received between	Notification Date			
1 November 2023 and 11 March 2024	10 May 2024			
12 March 2024 and 5 May 2024	28 June 2024			
6 May 2024 and 16 June 2024	17 July 2024			
17 June 2024 and 31 July 2024	16 August 2024			
Applications received thereafter will receive an outcome by 31 August 2024.				

Please email completed forms to secondaryadmissions@milton-keynes.gov.uk



LATE APPLICATION FORM FOR STARTING SECONDARY SCHOOL (Year 7) or BEDFORDSHIRE UPPER SCHOOL (Year 9) SEPTEMBER 2024

For applicants who are seeking admission to a secondary school or upper school in September 2024 Children born between (1 September 2012 – 31 August 2013) only Upper school applicants (1 September 2010 – 31 August 2011) only

Please read the guidance notes before completing the form. Once complete email to secondaryadmissions@milton-keynes.gov.uk

PLEASE WRITE CLEARLY IN BLACK INK

1. Child's details							
Child's legal surname					First name(s)		
Child's date of birth					Year group		Male / Female
Child's normal home address	Postcode						
Is your child in the care of or	Yes	No		Lo	cal Authority		
was previously in the care of the local authority?	If the answer above is 'YES' please tell us which local authority support the child and give a social worker contact name and telephone number						
Name of current school							
2. Your details							
Name(s) of parents/carers living at home address above	Title: Mr / M Surname: First Name:	∕Irs / Mis	ss / Ms				
Relationship to child							
Email address							
Home telephone number Work telephone number					Mobile telephone number		
If another adult has parental responsibility but does not live at the same address as the child, please include details							
Which local authority do you pay your Council tax to?							
Council tax account number							

3. Your secondary school preferences						
First preference school	Reasons for preference					
Second preference school	Reasons for preference					
Third preference school	Reasons for preference					
Fourth preference school	Reasons for preference					
Does your child have any brothers or sisters attending your preferred school(s)	Yes No Name	Date of birth	School			
4. Moving House?						
If you are moving house Please tick if applicable Please provide your estimated moving in date:	Please give new address and prova tenancy agreement or letter from contracts.					

5. Extra Questions				
Does your child have an Education Health Care Plan (EHCP)	Yes No			
Are you or your partner a serving member of the Armed Forces or a Crown Servant? If yes, please provide an official letter that declares a relocation date and a Unit postal address or quartering area address.	Yes No No			
6. Parental declaration				
I certify that I have parental responsibility for the child named in Section 1 and that this application of all parents/carers listed in Section 2.	has the agreement			
I wish to make application to the schools/academies listed in Section 3, which I have ranked in my order of preference.				
I confirm that the information I have provided is to the best of my knowledge correct and up to date. I understand if I give any false or deliberately misleading information on this form and/or supporting papers or withhold any relevant information, this may lead to the withdrawal of an offer of a school place for my child.				
I understand that information provided will be checked against Council Tax data				
Signature of parent/carer Date				

Information supplied will be used for registration purposes under the Data Protection Legislation. If you have applied to a foundation or voluntary aided school, and academy or a school in a neighbouring Authority information on this form will be shared with them.

Before returning this form please make sure that you have:

- Read the accompanying notes and the relevant council guide for parents and carers on school admissions which relates to any of the schools you would like your child to attend
- Checked that your address is in the Milton Keynes administrative area
- Confirmed your Council Tax account number
- Completed all relevant sections of this form
- Enclosed any relevant supporting evidence
- Attached any supplementary information securely

Once completed you should email this form to: secondaryadmissions@milton-keynes.gov.uk

Tel: (01908) 253338