

LATE APPLICATION FORM FOR STARTING SCHOOL (Year R) SEPTEMBER 2026

IMPORTANT INFORMATION

This form should be used for all children starting reception year in September 2026.

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.
- Late applications will be considered after national offer day and places allocated if they are still available. The table below shows the dates that applicants will be notified of the outcome of their late application. Any children unable to be offered a place at a school of preference will be allocated a place at the school nearest to their homes address which still has a vacancy, and then will be automatically placed on waiting lists for the schools of preferences for the Autumn term only.

Late Application Received between	Notification Date
16 January 2026 and 26 April 2026	29 May 2026
27 April 2026 and 1 June 2026	26 June 2026
2 June 2026 and 28 June 2026	17 July 2026
29 June 2026 – 31 July 2026	14 August 2026
Applications received thereafter will be processed for an outcome by 28 August 2026.	

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

LATE APPLICATION FORM FOR STARTING SCHOOL (Year R) SEPTEMBER 2026

For applicants who are seeking admission to a Milton Keynes primary school (Year Reception)
Children born between (1 September 2021– 31 August 2022) only

Once complete email to primaryadmissions@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		Male / Female	
Child's normal home address			
	Postcode		
Is your child in the care of or was previously in the care of the local authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Local Authority
	If the answer above is 'YES' please tell us which local authority supports the child and give a social worker contact name and telephone number		
Name of current pre-school (if attending)			

2. Your details

Name(s) of parents/carers living at home address above	Title: Mr / Mrs / Miss / Ms		
	Surname:		
	First Name:		
Relationship to child			
Email address			
Home telephone number		Mobile telephone number	
Work 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 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 older brothers or sisters attending your preferred school(s)	Yes <input type="checkbox"/> No <input type="checkbox"/> Name _____ Date of birth _____ School _____

4. Moving House?

If you are moving house <input type="checkbox"/> Please tick if applicable Please provide your estimated moving in date: _____	Please give new address and provide evidence of your move in the form of a tenancy agreement or letter from a solicitor confirming exchange of contracts.
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5. Extra Questions

Does your child have an Education Health Care Plan (EHCP)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

6. Parental declaration

I certify that I have parental responsibility for the child named in Section 1 and that this application has the agreement of all parents/carers listed in Section 2.

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: primaryadmissions@milton-keynes.gov.uk

Tel: (01908) 253338