LATE APPLICATION FORM FOR STARTING SECONDARY SCHOOL (Year 7) or BEDFORDSHIRE UPPER SCHOOL (Year 9) SEPTEMBER 2027

IMPORTANT INFORMATION

This form should be used for all children transferring to a secondary school (Y7) or Bedfordshire upper school (Y9) in September 2027.

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.
- E-Act Ousedale School is a dual campus school, 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 2026 and 7 March 2027	30 April 2027
8 March 2027 and 7 May 2027	18 June 2027
8 May 2027 and 18 June 2027	16 July 2027
19 June 2027 and 31 July 2027	13 August 2027
Applications received thereafter will receive an outcome by 31 August 2027.	

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

Milton Keynes City Council
Children's Services

LATE APPLICATION FORM FOR STARTING SECONDARY SCHOOL (Year 7) or BEDFORDSHIRE UPPER SCHOOL (Year 9) SEPTEMBER 2027

For applicants who are seeking admission to a Milton Keynes secondary school (Y7) or Bedfordshire upper school (Y9) in September 2027.

Children born between (1 September 2015 – 31 August 2016) only applying for Year 7

Upper school applicants (1 September 2013 – 31 August 2014) only applying for Year 9

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 was previously in the care of the local authority?	Yes ☐ No ☐	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 school				

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 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 provide evidence of your move in the form of a tenancy agreement or letter from a solicitor confirming exchange of 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 ☐

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: secondaryadmissions@milton-keynes.gov.uk
Tel: (01908) 253338