TRANSFER TO A SECONDARY SCHOOL (GOING INTO YEAR 7) IN SEPTEMBER 2026

Please read our Parents' Guide for 2026 before completing your application.
You can view the booklet online at www.bcpcouncil.gov.uk/schooladmissions

The completed form must be returned by **31 OCTOBER 2025** to School Admissions Team, BCP Council Civic Centre, Bourne Avenue, Bournemouth, BH2 6DY or via email to school.admissions@bcpcouncil.gov.uk

For information about schools, please contact the Children's Information Service at the BCP Council Civic Centre, Bourne Avenue, Bournemouth, BH2 6DY, Tel: 01202 123222.

YOUR CHILD'S DETAILS (Please do not use abbreviated or 'known as' names)

Last Name (Legal Name)	**First Name**	**Middle Names**
Male ☐ Female☐	**Date of Birth (DD/MM/YYYY)**	**Year Group**
Home address (where the child normally lives): **Postcode:**		
Please remember you need to inform the Admissions Team of any change of address after you have submitted your application. Evidence of your new address is required in the form of one of the following: your most recent council tax invoice, signed tenancy agreement, gas, electric or water bill dated within last three months, or a copy of your solicitor's letter/email confirming exchange of contracts and giving a completion date. Please send us this with your application or email it to school.admissions@bcpcouncil.gov.uk)		
Current School name and address: **Postcode:**		

Is the child part of a multiple birth (e.g. twin)?	**Yes ☐ No ☐**
Does your child have a current Education, Health & Care Plan?	**Yes ☐ No ☐**
Has the child ever been in the care of a Local Authority, either currently or in the past?	**Yes ☐ No ☐**
If yes, please specify which Local Authority: _____	
Was the child adopted from State Care outside England?	**Yes ☐ No ☐**

SCHOOL PREFERENCES

It is strongly recommended that you name four different schools that you would like your child to attend, in the order you prefer them – including any situated outside the BCP Council area. Please check that the schools you name have an entry point at Year 7.

If you are applying for a school for faith reasons, you may also need to complete the school's Supplementary Information Form (SIF) or provide other religious documents such as baptism certificate. The requirements may vary between schools. Please check what you need to provide and where and when you need to return it. Information can be found in the schools' Admissions Policies.

1 FIRST PREFERENCE SCHOOL NAME:

Please select your reasons for applying for this school (check the school admissions policy for criteria definitions)

☐ Catchment
☐ Faith / Religious Grounds
☐ Medical
☐ Other (please list any other reasons below)
☐ Sibling In Attendance – please provide details below of the sibling most relevant to ***this*** school preference
☐ Feeder/ Linked School
☐ Pupil Premium
☐ Staff

Sibling name:		**Date of Birth:**	
Year Group:		**Sibling School:**	

Does the sibling live at the same address as your child? **Yes ☐** **No ☐**

If no, please give the sibling's address:

Postcode:

Please list any other reasons for applying for this school:

2 SECOND PREFERENCE SCHOOL NAME:

Please select your reasons for applying for this school (check the school admissions policy for criteria definitions)

☐ Catchment
☐ Faith / Religious Grounds
☐ Medical
☐ Other (please list any other reasons below)
☐ Sibling In Attendance – please provide details below of the sibling most relevant to ***this*** school preference
☐ Feeder/ Linked School
☐ Pupil Premium
☐ Staff

Sibling name:		**Date of Birth:**	
Year Group:		**Sibling School:**	

Does the sibling live at the same address as your child? **Yes ☐** **No ☐**

If no, please give the sibling's address:

Postcode:

Please list any other reasons for applying for this school:

3 THIRD PREFERENCE SCHOOL NAME:

Please select your reasons for applying for this school (check the school admissions policy for criteria definitions)

☐ Catchment
☐ Faith / Religious Grounds
☐ Medical
☐ Other (please list any other reasons below)
☐ Feeder/ Linked School
☐ Pupil Premium
☐ Staff
☐ Sibling In Attendance – please provide details below of the sibling most relevant to ***this*** school preference

Sibling name:		**Date of Birth:**	
Year Group:		**Sibling School:**	

Does the sibling live at the same address as your child? **Yes ☐** **No ☐**

If no, please give the sibling's address:

Postcode:

Please list any other reasons for applying for this school:

4 FOURTH PREFERENCE SCHOOL NAME:

Please select your reasons for applying for this school (check the school admissions policy for criteria definitions)

☐ Catchment
☐ Faith / Religious Grounds
☐ Medical
☐ Other (please list any other reasons below)
☐ Feeder/ Linked School
☐ Pupil Premium
☐ Staff
☐ Sibling In Attendance – please provide details below of the sibling most relevant to ***this*** school preference

Sibling name:		**Date of Birth:**	
Year Group:		**Sibling School:**	

Does the sibling live at the same address as your child? **Yes ☐** **No ☐**

If no, please give the sibling's address:

Postcode:

Please list any other reasons for applying for this school:

YOUR DETAILS

PARENT/ CARER DETAILS	
Title (Mr/ Mrs/ Miss/ Ms/ Dr)	
First name	
Last name	
Telephone Number	
Email Address	
Relationship to the child (i.e. Mother, Father, etc.)	
Address (if different from child): **Postcode:**	
Are you a member of HM Armed Forces or a Crown Servant? **Yes ☐ No ☐** You will need to supply a copy of your official posting to support this	

Declaration:

You can only submit this form if you have parental responsibility for the child.

If parental responsibility is shared, you must ensure that all individuals with parental responsibility have been consulted about any changes relating to your school preferences.

By submitting this form, you are confirming that:

- You have parental responsibility for the child.
- All information provided is accurate to the best of your knowledge.
- You have obtained agreement from all others with parental responsibility (if applicable).
- You give permission for BCP Council to carry out checks, if necessary, to verify the information provided.

School places may be withdrawn if they are found to have been secured using false or misleading information.

☐ **I confirm that I have read and agree to the above declaration.**

Data Protection:

We handle your personal data in line with the UK GDPR and Data Protection Act 2018.
To learn more about how we use your information, please refer to our Privacy Notice available via the Council's Privacy policy link.

Signature of Parent/Carer:

Date:

Please return your completed form to:
The School Admissions Team
BCP Council Civic Centre
Bourne Avenue
Bournemouth
BH2 6DY

Or email to school.admissions@bcpcouncil.gov.uk