Pupil Application Form
In-Year application for a school place
September 2026-July 2027

PLEASE COMPLETE EACH SECTION BELOW IN CAPITAL LETTERS

1. Child's Details	
Child's Legal Surname:	Child's Forename(s):
Preferred Name:	Date of Birth:
Child's normal home address: Post Code:	
Proof of address is required: Enclose Council tax/ utility bill required.	
Home Telephone No:	Mobile No:
2. Your details	
Name of parent/carer living at home address	Title: Mr/ Mrs/Miss/Ms
Relationship to child:	Email address:
Home telephone number:	Mobile telephone number:
3. Reason for request for admission or transfer	
Date admission required	
Recent move to Milton Keynes/Parish: Please tick ☐ Move date_____	Please give new address and provided evidence of residence in the form of the council tax bill for the property and utility bill.
If you wish your child to be considered on religious ground then please complete our Supplementary Form. This is also available from the school or on the website under Admissions.	

Transferring school within Milton Keynes/Parishes/neighbouring Authority.

Please tick ☐

You must ensure that Section 7 is completed and signed by the head teacher of your child's current school.

Please tell us your reason for requesting a school transfer.

4. Educational factors we should be aware of-		
Does your child have special educational needs or a disability?	Yes ☐	No ☐
Is your child currently undergoing assessment for a EHCP (Educational and Health Care Plan)?	Yes ☐	No ☐
Does your child speak English?	Yes ☐	No ☐
Has your child been excluded from school?	Yes ☐	No ☐
Has your child been supported by other agencies i,e Inclusion and Intervention Team ?	Yes ☐	No ☐
Is the child subject to a court order or known to any other agency, i.e Children's Services (CFP)?	Yes ☐	No ☐
Have you withdrawn your child from school?	Yes ☐	No ☐
Please add any information you would like us to know before we process your application		

5. Ethnic information					
		Tick			Tick
White	English		Other Groups	Chinese	
	Scottish			Japanese	
	Welsh			Philippians	
	Irish			Any Other Ethnic Group	
	Other White British		Black or Black British	Black Caribbean Background	
				Ghanaian	
	Traveller of Irish Heritage			Nigerian	
	Gypsy/Roma			Sierra Leonean	
	Italian			Somali	
	Eastern European			Kenyan	
	Western European			Other Black African	
	Any other white background		Asian or Asian British	Indian	
Mixed or dual Background	White and Black Caribbean			Pakistani	
	White and Black African			Bangladeshi	
	White and Pakistani			Asian Other	
	White and Indian				
	White and Other Asian				
	Any other white background				

6. Parent Declaration
I certify that I have parental responsibility for the child named in Section 1 and that this application has the agreement of all parent/carers listed in Section 2 I wsih to make an application to St. Bernadette's Catholic Primary school and I have completed a Supplementary form which gives details of religion. 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 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.
Signature of parent/carer: Date:

This form should be returned to St. Bernadette's Catholic Primary School, Tewkesbury Lane, Milton Keynes. MK10 9PH Tel 01908 692438 email: office@stbernadettesschool.com

For office use: Date received .....Signed.....
Place offered.....Place declined.....
Reason for declining place.....

7. School section (To be completed by Headteacher of current school)	
If you are applying for a school place and have not moved address the headteacher of the child's current school MUST complete this section before we can process the application. The form needs to be stamped with the school stamp.	
Child' name:	
Has the parent discussed the transfer request with you and are there any reasons why you feel the change of school would be detrimental to the child in any way?	
Does the child have special educational needs?	Yes / No
School SEN Support	Yes / No
Educational and Health Care Plan (EHCP)	Yes / No
Under Assessment	Yes / No
Does the child have any exclusions?	Yes / No
Attendance	%
Other information that may be relevant to the application? (Behaviour issues, previous schools in the last two years.)	

Name_____

Position_____

Signed_____ Date_____

School Stamp