



**Headteacher: Mrs A Greaves**

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Telephone: 01525 210330 e-mail: [office@hockliffelowerschool.co.uk](mailto:office@hockliffelowerschool.co.uk)  
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April 2024

Dear Parent / Carer,

### **Application for In-year Admissions to Hockliffe Lower School Years R-4 (2023-24)**

Thank you for your interest in Hockliffe Lower School. The attached form should be completed and returned to the admissions email address ([admissions@hockliffelowerschool.co.uk](mailto:admissions@hockliffelowerschool.co.uk)). Please note that for your application to be considered, all relevant sections of the form must be completed and the appropriate supporting documentation enclosed. If your child has an Education, Health & Care (EHC) Plan, please do not complete this form. You should contact the Local Authority on 0300 300 8356 for further advice regarding the admissions process.

For your application to be processed the Trust requires confirmation of your child's date of birth, and requires proof that you and your child are living at the address stated on the application form. You are therefore asked to attach a photo/scan of the following documentation to your completed application form:

- A current council tax statement or recent utility bill to confirm your address;
- A recent official document which confirms your child's date of birth
- A recent official document that confirms he/she lives with you at the address stated (i.e. GP letter, NHS letter, Benefits statement, Savings Account statement).

If you would like the documents copied by the school, please telephone to make an appointment.

The Trust reserves the right to make its own enquiries to verify any information supplied by you. If subsequently the school finds that a place has been offered in reliance on information that was materially incorrect or misleading (e.g. the parental address) and the place would not have been offered if the information had been correct, the Local Governing Body may withdraw the offer, even if the child has already started at the school.

Please note that applications can only be processed up to half a term ahead. All enquiries regarding admission to Hockliffe Lower School should be emailed to the admissions email address: [admissions@hockliffelowerschool.co.uk](mailto:admissions@hockliffelowerschool.co.uk) or for telephone enquiries please call 01525210330.

If your child is not in a local school at this time, you should contact the School Admissions team at Central Bedfordshire Council on 0300 300 8037 [www.centralbedfordshire.gov.uk/admissions](http://www.centralbedfordshire.gov.uk/admissions) for further advice.

*Admissions Office*

*Hockliffe Lower School*

*January 2024*

[admissions@hockliffelowerschool.co.uk](mailto:admissions@hockliffelowerschool.co.uk)

Hockliffe Lower School is part of the Kingsbridge Educational Trust which is a charitable company limited by guarantee and registered in England and Wales with company number 09144847.

The registered office is at Oakgrove School, Venturer Gate, Middleton, Milton Keynes, MK10 9JQ.

for how we use your data please see our [privacy notice](#)

## APPLICATION FOR IN-YEAR ADMISSION TO HOCKLIFFE LOWER SCHOOL



This form should be completed if you are seeking admissions to Hockliffe Lower School for Years R - 4 after the normal point of admissions.

Please read the accompanying letter before completing the form. Please provide photos / scans of the supporting documentation when submitting the application form.

|   |                |                            |                         |
|---|----------------|----------------------------|-------------------------|
| Child's Legal Surname:  |                | Child's legal Forename(s): |                         |
| Gender:   | Date of Birth: | Applying for Year          | Date Admission Required |
| Child's normal home address including postcode:   |                |                            |                         |
| If you are moving home, please give your new address and provide evidence of your move in the form of a tenancy/ agreement or letter from a solicitor confirming exchange of contracts:   |                |                            |                         |
| Is a sibling already attending the School   |                |                            |                         |
| If 'Yes', please provide sibling's name, date of birth, and year group:   |                |                            |                         |
| Name, address and telephone number of child's current school:   |                |                            |                         |
| <i>If now left this school, please give last date of attendance:</i>  |                |                            |                         |
| Name of Parent / Carer(s) living at home address (this must be the person(s) with parental responsibility for the child) please include Title(s): Mr/Mrs/Miss/Ms/Dr/Prof  |                |                            |                         |
| Relationship to child:  |                | Email address:             |                         |
| Home telephone number:  |                | Mobile telephone number:   |                         |
| <b>If another adult has parental responsibility but does not live at the same address as the child, please include details here:</b> <p><b>Name:</b></p> <p><b>Address:</b></p> <p><b>Telephone Number:</b></p>   |                |                            |                         |
| <b>Is your child looked after, or has been previously looked after, by a local authority?</b> <p>If 'Yes', please provide details, including the name of the local authority and a contact name and telephone number:</p>   |                |                            |                         |
| <b>Does your child have a statement of special educational needs or Education Health &amp; Care Plan (EHCP)?</b> <p>If 'Yes' please contact the Local Authority on 01454 611111 for further advice.<br/>Please do not return the form to the school. Thank you.</p> <p>Is your child currently undergoing assessment for an EHCP?</p> <p>If 'Yes' please state which Local Authority is involved:</p> |                |                            |                         |
| Has your child been excluded from two schools within the last two years?<br>If Yes, please provide details:   |                |                            |                         |



**APPLICATION FOR IN-YEAR ADMISSION TO HOCKLIFFE LOWER SCHOOL**

This form should be completed if you are seeking admissions to Hockliffe Lower School for Years R - 1 admissions.

Please read the accompanying letter before completing the form. Please provide photos / scans of the supporting documentation when submitting the application form.

|   |                       |
|---|-----------------------|
| <b>School section (To be completed by Headteacher/Principal of current school)</b>  |                       |
| If you are applying for a school place and have not moved address, the Headteacher/Principal of the child's current school complete this section before we can process your application |                       |
| <b>Child's name:</b>  | <b>Date of Birth:</b> |
| <b>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?</b>                 |                       |
|   |                       |
| Does the child have any special needs?  |                       |
| School Action   |                       |
| School Action Plus  |                       |
| Under Assessment  |                       |
| Statemented / EHC Plan  |                       |
| Does the child have any suspensions?  |                       |
| Are there any attendance issues?<br>Please give % attendance and number of unauthorised absences in the last twelve months?   | %                     |
| Other information which may be relevant to the application<br>(Behavioural issues, if applicable, previous schools attended in the last two years, if known)                            |                       |
|   |                       |
| Name:   |                       |
| Position:   |                       |
| Signed:   |                       |
| Date:   |                       |
| <div style="border: 1px solid black; width: 300px; height: 150px; margin: 0 auto;"> <p style="text-align: center; margin-top: 5px;">School Stamp</p> </div>                             |                       |

**APPLICATION FOR IN-YEAR ADMISSION TO HOCKLIFFE LOWER SCHOOL**



This form should be completed if you are seeking admissions to Hockliffe Lower School for Years R - I

admissions.

Please read the accompanying letter before completing the form. Please provide photos / scans of the supporting documentation when submitting the application form.

*Please explain the reason for your application – you may complete this on a separate sheet if you wish.*

The School reserves the right to make its own enquiries to verify any information supplied by you. If, we find that a place has been offered in reliance on information that was materially incorrect or misleading (e.g. the parental address) and the place would not have been offered if the information had been correct, the School may withdraw the offer, even if the offer has already been accepted. If you are dissatisfied with the decision of the Independent Appeal Panel.

**Declaration:**

- I understand that the processing of the application may take up to 10 school days.
- I certify that I have parental responsibility for the child named.
- I confirm that the information I have provided is, to the best of my knowledge, correct and up to date. I understand that if I give any false or 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 hereby authorise =  School to contact my child's previous school if required.

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

Before returning this form, please ensure you have:

- completed all relevant sections of the form, including the reason for your application;
- enclosed all requested supporting documentation.

Once completed, please return the form, together with the supporting documentation to:

**For office use only:**  
 date form received:  
 all sections completed:  
 evidence enclosed:  
 date reply sent: