



## ACCEPTANCE FORM

### SCHOOL PLACE

### DOVERY DOWN LOWER SCHOOL

\* I/we accept ☐ do not accept ☐ the place for .....  
(full name of pupil)

at Dover Down Lower School to start week beginning 6<sup>th</sup> September 2021 (***please note your allocated start date on the attached letter***).

\* I/we would ☐ would not ☐ like my child to stay for school dinners during the transition week until 12.20pm.

\* Please tick as appropriate

Name: .....

Signed: .....

---

Heath Road, Leighton Buzzard, Bedfordshire LU7 3AG  
[www.doverdown.beds.sch.uk](http://www.doverdown.beds.sch.uk)

