

This application will be considered by the School Governors in accordance with the school admission policy (attached) and if accepted, will be subject to the following conditions:

1. Parents/guardians must agree to work in partnership with the staff and governors in the education of their children.
2. All members of the education partnership – parents, staff and pupils – undertake to abide by the rules and regulations of the school as determined by the Governors.

Please complete the following in BLOCK CAPITALS

Surname of Pupil: _____	Forename(s) _____	Date of Birth: _____
Ethnicity (for DfE/Ofsted purposes) _____		
Address: _____		Post Code: _____
Contact telephone number(s): (Home) _____ (Work) _____		
(Mobile 1- Father) _____ (Mobile 2 – Mother) _____		
Email address _____		
Name of Father: _____		Occupation: _____
Name of Mother: _____		Occupation: _____

Present/Previous School: _____	
Address _____	Tel. No. _____
Present/Previous Class _____	Class/Year Applying For _____
Special Needs – Does your child have any learning disabilities or any special educational needs? Yes / No	
If YES, please give full details _____	
Are there any other matters you think the school should know about in the interests of your child's welfare and safety while in school? Yes/No	
If yes, please give full details overleaf.	

Name and address of your family doctor: _____
_____ Surgery Telephone number: _____
Does your child suffer from any allergies, illnesses, disabilities, etc.? If so, please give full details _____

Please provide 2 emergency contact details that are not parent's details.	
(1) Name: _____	Family relationship: _____
Contact telephone number(s): _____	
(2) Name: _____	Family relationship: _____
Contact telephone number(s): _____	

Declaration: - I, the undersigned, hereby give permission to the school to access any previous educational history and certify that the particulars on the Admission Form are true, correct and I agree to abide by the rules and regulations governing the school. I understand false and misleading information given on this form could result in my daughter losing her school place.
Please kindly hand/post this form (as soon as possible) with your registration fee to the School Admin Office.

Name of Parent/Guardian: _____	Signature _____	Date: _____
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FOR OFFICE USE ONLY

Date received: _____

Registration Fee Paid: Yes / No cash/cheque

Date admitted: _____

Enrolled in Year: _____