



Application Form

Full Name of Child		Male / Female
Date of Birth		Country of Birth
Nationality of the child		Has your child lived in any other Country? Yes / No
Child's Address	Post Code:	
Home Telephone Number:		
Home/First Language:	Other Language Spoken at home:	
Religion :	Ethnicity :	
Father's Name & Address (if different from the child)	Post Code	
Phone Number		
Email Address:		
Occupation:	Asylum Seeker: Yes / No	
Mother's Name & Address (if different from the child)	Post Code	
Phone Number		
Email Address:		
Occupation:	Asylum Seeker: Yes / No	
Play Group, Nursery or Other School Attended	Name: Dates: Full time / Part Time (_____ days / Week _____ hours / Day)	
Any siblings attending this School		
Special Needs	Medical Referral (Speech and Language, Hearing, Vision, other): Yes / No Allergies eg Asthma, Food Allergy such as nuts: Yes / No If Yes: _____ Learning Difficulty: Yes / No Social Problem: Yes / No Any Other:	
Is the child currently or previously a looked after child?	Yes / No	

Applied by (Name) _____ Date: _____



For Official Use

Admissions Information		
Faith Reference	Yes / No	Year Group:
Documentation	<input type="checkbox"/> "Looked after child"	
	<input type="checkbox"/> SEN / EHCP	
	<input type="checkbox"/> Any other	

Identification Checks		
Birth Certificate	Yes / No Issue Date:	Initials:
Passport of the child	Yes / No Number: Nationality:	Initials:
"Looked after child" documentation		
Parental Responsibility	Mother Yes / No	Father Yes / No
Parental Identification: Mother	Passport: Other: Number: Date:	Initials:
Parental Identification: Father	Passport: Other: Number: Date:	Initials:
Evidence of Address	Document confirming address Date:	Initials
Family / Others living at the same address:	Name	Relationship to Child
	Name:	Relationship to Child
	Name:	Relationship to Child
	Name:	Relationship to Child
	Name:	Relationship to Child