

ADMISSION FORM

Please write in clear block capitals.



Legal First Name: _____ Legal Surname: _____

Middle Name(s): _____ Preferred Last Name: _____

Preferred First Name: _____ Date of Birth: _____ Certificate seen Y / N

Gender: Male / Female Siblings: Name/Year _____

Address: _____

Post Code: _____ Home Language: _____

Ethnicity: White/British / Other: _____ Religion: _____

Do you think you may be entitled to Free School Meals: Yes / No Are either parent in the forces? Yes / No

English Additional Language? Yes / No Is this child in care or fostered? Yes / No

Medical Conditions: _____

Dietary Needs: _____

Doctor/Surgery: _____

First Contact:

Mrs / Mr / Miss / Other: _____

Relationship to Child: _____

Legal First Name: _____

Legal Surname: _____

Address: _____
(if the same as above please circle here)

Post Code: _____

Email: _____

Mobile: _____

Home: _____

Work: _____

Second Contact:

Mrs / Mr / Miss / Other: _____

Relationship to Child: _____

Legal First Name: _____

Legal Surname: _____

Address: _____
(if the same as above please circle here)

Post Code: _____

Email: _____

Mobile: _____

Home: _____

Work: _____

Signed: _____ Print Name: _____ Date: _____