



Kingsnorth Church of England Primary School

In Year Application Process

Child's Name	
Child's Date of Birth	
Current School Name	
Current School Address	
Current School Phone Number	
Any Previous Schools attended?	
Last School Contact Details	
Health Needs or Concerns	
Does your child (above) have any Additional Educational Needs or disabilities? If yes please state?	Yes / No
Has your child (above) had support from other professionals? <i>For example Speech and Language, or had an EHCP assessment?</i> If yes please state?	Yes / No
Have you or child been referred to Early Help, School Nursing or Health? If yes please state?	Yes / No
Has your child (above) been excluded or been on a reduced time table? If yes please state? If yes please state?	Yes / No



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Reason for moving schools?		
Names of all those with parental responsibility		
Who does the child reside with for the majority of the time?		
Parents/Carers Signature	Mum	Date
	Dad	Date
Relationship to the child above		