

# Application for Admission

**STRICTLY PRIVATE & CONFIDENTIAL**



Please complete all sections of this form in **BLOCK CAPITALS**. If you need help completing the form our school office staff will be happy to assist you.

NAME OF CHILD (IN FULL) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  BOY  GIRL

CHILD'S COUNTRY OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

## LOCAL EDUCATION AUTHORITY OF RESIDENCE

LAMBETH  WANDSWORTH  SOUTHWARK OTHER (please state) \_\_\_\_\_

HOME TEL NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_ WORK TEL NO: \_\_\_\_\_

NAME OF PARENT(S)/CARER(S)/GUARDIAN(S) \_\_\_\_\_

*Proof will be required, please supply the school with birth certificate or passport*

ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE CHILD: \_\_\_\_\_

*Eg: mother, father, carer or guardian*

PREVIOUS SCHOOL: \_\_\_\_\_

MY CHILD'S BROTHER/SISTER ALREADY ATTENDS THIS SCHOOL  YES  NO

## EMERGENCY CONTACT DETAILS

CONTACT NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TEL NO: \_\_\_\_\_ TEL NO: \_\_\_\_\_



**SCHOOL MEAL STATUS**

FREE MEALS    HOME    PACKED LUNCH    SCHOOL MEALS

*Free school meals – You qualify for free school meals for your children if you receive Income Support, Jobseekers Allowance or Tax Credit. Forms to claim entitlement can be obtained from the school office.*

IS YOUR CHILD A VEGETARIAN    YES    NO

**TRAVEL TO SCHOOL**

WALK    CYCLE    VAN/CAR    CAR SHARE    BUS    TAXI  
 DEDICATED SCHOOL BUS    TRAIN    LONDON UNDERGROUND

**RELIGION:**

BUDDHIST    CHRISTIAN    HINDU    JEWISH    MUSLIM  
 SIKH    NONE   OTHER (please state) \_\_\_\_\_

**IF YOUR CHILD HAS COME FROM ANOTHER COUNTRY**

HOW LONG HAS THE CHILD BEEN IN THE UK? \_\_\_\_\_ DATE OF ARRIVAL: \_\_\_\_\_

**FAMILY STRUCTURE :**

TWO ADULTS    IN RESIDENTIAL CARE  
 SINGLE PARENT    LIVING WITH FOSTER PARENTS

**MEDICAL INFORMATION**

DOCTORS NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

IS THERE ANY CONDITIONS THAT THE SCHOOL SHOULD BE AWARE OF?

MEDICAL CONDITIONS \_\_\_\_\_ ALLERGIES \_\_\_\_\_

HEARING \_\_\_\_\_ VISION/EYESIGHT \_\_\_\_\_

SPEECH DIFFICULTIES: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL DIETARY NEEDS \_\_\_\_\_

## CONSENT & SCHOOL OUTINGS

I AM WILLING FOR MY CHILD TO GO ON **LOCAL** EDUCATIONAL VISITS/TRIPS WITH MEMBERS OF STAFF AND I UNDERSTAND THAT THIS MAY BE DONE WITHOUT A FURTHER LETTER BEING SENT HOME. (YOU WILL BE ADVISED OF ANY TRIPS THAT ARE GOING TO TAKE PLACE IN ADVANCE)

YES  NO

I CONSENT TO MY CHILD TAKING PART IN SWIMMING LESSONS (YEAR 3 ONLY)

YES  NO

ON OCCASION YOUR CHILD MAY BE FILMED OR PHOTOGRAPHED TO APPEAR ON THE SCHOOL WEBSITE. PLEASE TICK EITHER BOX TO CONSENT TO YOUR CHILD APPEARING ON THE SCHOOL WEBSITE

YES  NO

## OTHER ARRANGEMENTS

PLEASE NAME ANYONE WHO IS LIKELY TO COLLECT YOUR CHILD TO AND FROM SCHOOL.

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

**I DECLARE THAT THE INFORMATION I HAVE GIVEN IS CORRECT AND COMPLETE. I UNDERSTAND THAT SHOULD ANY OF THE INFORMATION BE SHOWN TO BE FALSE, THIS WILL LEAD TO THE WITHDRAWAL OF A PLACE, EVEN IF THE CHILD HAS STARTED AT THIS SCHOOL. I ALSO UNDERSTAND THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS FORM IS COVERED BY THE DATA PROTECTION ACT 1998. (PLEASE READ THE PARAGRAPH BELOW BEFORE SIGNING THIS FORM)**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(Parent/carer/guardian)

### DATA PROTECTION ACT 1998

This act regulates how we obtain and use information about individuals. The information you supply is being collected for the purpose of providing an education service but may be used for wider purposes. When you sign this document you are consenting to that use. The information may be shared with other internal directorates of London Borough of Lambeth, those with parental responsibility, education establishments, other LA's and the Department of Education & Skills.

#### For Office use only

UPN no: \_\_\_\_\_

Admission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Class: \_\_\_\_\_

Records requested: Yes/No

Birth Certificate/Passport seen: Yes/No

Proof of address: Yes/No

Records received: Yes/No

Reason for not offering a place: \_\_\_\_\_

Signed (Headteacher/Assistant Headteacher or Admin Manager) \_\_\_\_\_