

CHARLTON MANOR



PRIMARY SCHOOL

APPLICATION/ADMISSIONS FORM

SURNAME

DATE OF BIRTH _____

FORENAME

MALE/FEMALE

OTHER NAMES

HOME ADDRESS;

POST CODE

TELEPHONE NUMBER;

BIRTH CERTIFICATE SEEN

PROOF OF ADDRESS SEEN

FULL NAME OF MOTHER/GUARDIAN
(Mrs. Ms. or Miss)

FATHER/GUARDIAN

WHO HAS PARENTAL RESPONSIBILITY FOR CHILD?

MOTHER/FATHER
BOTH
OTHER

IF "OTHER" HAS PARENTAL RESPONSIBILITY FOR CHILD, PLEASE GIVE DETAILS:

NAME OF CARER/S:

RELATIONSHIP TO CHILD

WHO DOES YOUR CHILD LIVE WITH?

MOTHER/FATHER
BOTH
OTHER

LANGUAGE(S)

Languages spoken by child:

Languages spoken by Parents:

ETHNIC ORIGIN:

Father:

Mother:

Child:

Child's country of birth:

Country of last residence:

Arrival in UK: Child _____

Mother _____

Father _____

Length of previous schooling abroad:

NATIONALITY: what nationality is the child:

Mothers Nationality:

Fathers Nationality:

PREVIOUS EDUCATION:

PREVIOUS SCHOOL/S AND ADDRESS;

DATYTIME EMERGENCY CONTACTS: PLEASE SUPPLY 2

1st contact: Name Relationship Tel.No.

E mail address:

2nd contact: Name Relationship Tel.No.

MEDICAL INFORMATION (ASTHMA, ECZEMA, ALLERGIES ETC)

Name/address of GP (doctor):

Does your child have any allergies?

Does your child take regular medication? If so please write all medication and medical condition

RELIGION: What religion is your child?

Does your child have any religious dietary requirements?

SPECIAL EDUCATIONAL NEEDS

Is your child receiving support from any other agency outside the school?
(Speech & language, occupational therapy, child guidance etc)

DINNER ARRANGEMENTS

Home School dinner Free meal Packed lunch

Are you in receipt of Income Support? YES/NO (please circle)

Are you receiving Job Seekers Allowance? YES/NO (please circle)

I understand that the place may be withdrawn if any of the above information is found to be incorrect. I also understand that there is no automatic right to transfer from Foundation 1 into Foundation 2 at the same school. I understand that it is the parents/carers responsibility to inform the school of any change in address or telephone numbers.

SIGNED: _____ (PARENT/CARER) DATE: _____
