

APPLICATION FOR ADMISSION TO St MATTHIAS C of E PRIMARY SCHOOL & NURSERY

Page 1 - Information about Your Child

Child's Name in full Male / Female

Date of Birth D ____ M ____ Y ____ Country of Birth _____

Birth certificate MUST be shown to school for all pupils.

Proposed Date of Admission/...../..... Proposed Year Group

Address
.....
.....
.....
.....
Postcode.....

Future address (if different from above)
.....
.....
.....
.....
Postcode.....

We have been asked to collect information on ethnic origin, religion and home language. Spaces have been provided for these details below. Please write whichever apply.

ETHNICITY..... **NATIONAL IDENTITY**.....
i.e. White British/White European/Asian/Chinese/White & Black Caribbean i.e. African/Vietnamese/Welsh/English/British/Polish

RELIGION **HOME LANGUAGE**.....

Brothers and Sisters

Names of Brothers and Sisters **in our school** Class
..... Class
..... Class

Names of **other** Brother/s and Sister/s DOB
..... DOB
..... DOB

Name & Postcode of Previous School or Nursery

MEDICAL INFORMATION

Has your child had any Medical Problems/ Childhood Illnesses / Allergies / Asthma

Doctors Surgery and telephone number

Dentists Surgery and telephone number

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Page 2 - Information about Parents

PARENTS CONTACT NUMBERS AND EMAIL ADDRESSES

Mother

Father

Home

Home

Work

Work

Mobile

Mobile

email

email

Name of **Mother** _____ Title ____ DOB _____

Name of **Father** _____ Title ____ DOB _____

Name of **Step-parent** or **other adult** living as a parent with this child. _____ Title ____

Telephone Number of the above person at Work DOB _____

Mobile

email

EMERGENCY CONTACT NUMBERS - NOT YOU and NOT listed above

In case we are unable to contact you in an emergency, would you please give the names of one or two trusted relatives, friends or neighbours who may be telephoned.

Name	Telephone	Relationship to child
Contact 1 _____	_____	_____
Contact 2 _____	_____	_____

CONFIDENTIAL

1. BENEFITS Please could you let us know (by putting a tick in the box below) if you are in receipt of **any** benefits, (NOT including Child Benefit), as this may entitle the school to receive extra funding.

2. LEGAL PARENTAL RESPONSIBILITY Under the terms of the Children Act 1989, there must be included in the School Admission Register a list of **all** persons who have "parental responsibility" of in respect of each child. Parental Responsibility means having "all the rights, duties, powers, responsibilities and authority which, by law a parent of a child has in relation to the child and his/her property".

The requirements of the Children Act are such that the school MUST know the name and address of everyone who has legal parental responsibility for the child. So you are required to list below, any person, other than those with whom the child is now living who have legal parental responsibility for the child.

Please list other person who has legal parental responsibility for the child, but is not listed on this application form above.

FULL NAME	RELATIONSHIP TO CHILD	ADDRESS
_____	_____	_____

DOB _____

TELEPHONE NUMBERS _____
