



**CASTLECROFT PRIMARY SCHOOL – APPLICATION FOR ADMISSION - CONFIDENTIAL**

NURSERY: AM or PM preference? Please tick to indicate:

**MORNING**

**AFTERNOON**

FOR OFFICE USE ONLY

Start Date:

Admission No:

**HOME INFORMATION**

**CHILD'S DETAILS:**

SURNAME/FAMILY NAME \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

FORENAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ MAIN PHONE \_\_\_\_\_

\_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ POSTCODE \_\_\_\_\_

PARENTS/GUARDIANS LIVING AT ABOVE ADDRESS

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ National Insurance/NASS Number: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ National Insurance/NASS Number: \_\_\_\_\_

PARENTS/GUARDIANS LIVING AT ANOTHER ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

DOES THIS PERSON HAVE LEGAL ACCESS TO THE CHILD? **YES / NO**

**EMERGENCY CONTACT INFORMATION**

**FOR EMERGENCY/ILLNESS, PLEASE GIVE DETAILS OF UP TO 3 EXTRA CONTACT NUMBERS (e.g. WORK PLACE)**

NAME 1 \_\_\_\_\_ MAIN PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NAME 2 \_\_\_\_\_ MAIN PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NAME 3 \_\_\_\_\_ MAIN PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**SCHOOL HISTORY (if applying for a place in RECEPTION – YEAR 6)**

NAME & ADDRESS OF PREVIOUS SCHOOL \_\_\_\_\_

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**MEDICAL INFORMATION**

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLEASE LIST ANY KNOWN **MEDICAL CONDITIONS** (e.g. Allergies, Asthma, Eczema, Heart, Hearing or Vision)

DOES YOUR CHILD REQUIRE **REGULAR MEDICATION** DURING THE SCHOOL DAY? If yes, please add details.

DOES YOUR CHILD HAVE ANY **DIETARY REQUIREMENTS** (including for Religious Reasons)? If yes, please add detail.

**ETHNIC DETAILS (Optional – you are under no obligation to complete this section) Please tick one box only**

WHITE

British       Irish       Traveller of Irish Heritage       Gypsy/Roma       Any other White background

BLACK or BLACK BRITISH

Caribbean       African       Any other Black background

MIXED

White & Black Caribbean       White & Black African       White & Asian       Any other Mixed background

ASIAN or ASIAN BRITISH

Indian       Pakistani       Bangladeshi       Any other Asian background

Chinese       Any other Ethnic background       I do not wish to record these details

HOME LANGUAGE \_\_\_\_\_ RELIGION \_\_\_\_\_

**DECLARATION**

Being the parent or guardian of the above named child, I hereby apply for admission to Castlecroft Primary School.

**If applying for a Nursery place: I understand that this application form does not guarantee my child a place at Castlecroft when he/she becomes eligible to transfer to Reception class; such a transfer will require a separate, formal application to the Local Authority.**

**I understand that the information provided on this form will be held on the school's computer system and will be subject to the provisions of the Data Protection Act 1998.**

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_