

**KING EDWIN PRIMARY SCHOOL EDWINSTOWE
FOUNDATION WAITING LIST**



Child's Full Name:

.....

Date of Birth: **Child's Gender:** male / female

If possible I/we would like my child to attend: AM PM OR EITHER
I/We would be interested in using the 30 hour provision

Names and dates of birth of other children in the family:

.....
.....
.....
.....
.....
.....
.....
.....

If your child is NOT going to attend this school at five years, please write in the school s/he will go to. Please leave blank if this is the school s/he will attend:

.....
.....
.....

Parent/Carer Name:

.....

Address:

.....
.....
.....

..... **Post Code:**

.....

Contact Telephone No(s):

.....

Contact email address (case sensitive):

.....

Signed: Dated:

.....

KING EDWIN PRIMARY SCHOOL
Head Teacher: Mr A Callaghan-Wetton



Application for a school place

Surname.....

Forename.....

Middle Name(s).....

Male/Female (delete as appropriate)

Date of birth/...../.....

Telephone number.....

Address (including postcode).....
.....
.....

Parent Name.....

Parent Name.....

Occupation.....

Occupation.....

Previous School.....

Attended: From (Date).....

To (Date).....

Ethnic Origin.....

Language spoken at home.....

Religion.....

Country of Birth.....

Service child Y/N Adopted child Y/N Looked after child Y/N

Doctor's Surgery & address.....
.....

Medical History you wish the school to record.....
.....

Does your child have any learning difficulty, medical condition, food allergy or disability? Yes/No

.....
.....

Has your child ever had any kind of brain injury during their life? (includes concussions, traumatic brain injuries from falls/accidents, illnesses e.g. brain tumours, stroke) and infections (e.g. meningitis, encephalitis)

Did they stay in hospital? Yes/No

Please note – the information given on this form is to be held on computer in accordance with the GDPR 2018.

PLEASE TURN OVER PAGE

For office use only:

UPN Number	<input type="checkbox"/>	Computer	<input type="checkbox"/>	Admission date
Record Card New/Rec	<input type="checkbox"/>	CTF File received	<input type="checkbox"/>	Class
Birth Certificate seen	<input type="checkbox"/>	File received	<input type="checkbox"/>	House

PARENT/GUARDIAN CONTACT DETAILS

Please complete the details in the order they should be contacted in case of emergency

<p>First Choice Contact:</p> <p>Surname: Forename: Title:</p> <p>Mobile: Home Phone: Work Phone: Email (case sensitive):</p> <p>Home address including postcode:</p> <p>Relationship to student: Parental Responsibility (✓) <input type="checkbox"/></p>	<p>Second Choice Contact:</p> <p>Surname: Forename: Title:</p> <p>Mobile: Home Phone: Work Phone: Email (case sensitive):</p> <p>Home address including postcode:</p> <p>Relationship to student: Parental Responsibility (✓) <input type="checkbox"/></p>
<p>Third Choice Contact:</p> <p>Surname: Forename: Title:</p> <p>Mobile: Home Phone: Work Phone: Email (case sensitive):</p> <p>Home address including postcode:</p>	<p>Fourth Choice Contact:</p> <p>Surname: Forename: Title:</p> <p>Mobile: Home Phone: Work Phone: Email (case sensitive):</p> <p>Home address including postcode:</p>

Relationship to student:

Parental Responsibility (✓)

Relationship to student:

Parental Responsibility (✓)