

# 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:

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

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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:

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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.....

Previous School.....

Attended: From (Date)..... To (Date).....

Ethnic Origin..... Language spoken at home.....  
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 –Our school fully complies with information legislation. For the full details on how we use personal information please view here <https://www.kingedwin.notts.sch.uk/wp-content/uploads/2024/01/Overarching-Privacy-Notice-KEPS-2024.pdf>

**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***

### **First Choice Contact:**

Surname:  
Forename:  
Title:

Mobile:  
Home Phone:  
Work Phone:  
Email (case sensitive):

Home address including postcode:

Relationship to student:

Parental Responsibility (✓) ☐

### **Second Choice Contact:**

Surname:  
Forename:  
Title:

Mobile:  
Home Phone:  
Work Phone:  
Email (case sensitive):

Home address including postcode:

Relationship to student:

Parental Responsibility (✓) ☐

### **Third Choice Contact:**

Surname:  
Forename:  
Title:

Mobile:  
Home Phone:  
Work Phone:  
Email (case sensitive):

Home address including postcode:

Relationship to student:

Parental Responsibility (✓) ☐

### **Fourth Choice Contact:**

Surname:  
Forename:  
Title:

Mobile:  
Home Phone:  
Work Phone:  
Email (case sensitive):

Home address including postcode:

Relationship to student:

Parental Responsibility (✓) ☐