

COLNBROOK C. OF E. PRIMARY SCHOOL
APPLICATION FOR ADMISSION OF A CHILD TO SCHOOL

Surname: _____ Forename(s): _____

Date of birth: _____ Male / Female (*Please circle*)

Place of birth: _____ Nationality _____

Child's address: _____

Postcode: _____ Home telephone no: _____

If born outside the UK date of entry into the UK: _____

First language: _____ Home language: _____ Religion: _____

DOES YOUR CHILD HAVE A **STATEMENT** OF EDUCATIONAL NEEDS? YES / NO (*Please circle*)

DOES YOUR CHILD HAVE ANY SPECIFIC LEARNING NEEDS? YES / NO (*Please circle*)

Previous School/Nursery/Playgroup: _____

Address: _____

Telephone no: _____ E-mail address: _____

Mother's/Carer's details: (Mrs, Miss, Ms) – (*Please circle*)

Surname: _____ Forename: _____

Address: _____ Postcode: _____

E-Mail Address: _____

Telephone No: Home: _____ Mobile: _____ Work: _____

Place Of Work: _____

Custody of child YES / NO (*Please circle*)

Does anyone have restricted access in your family? YES / NO

Father's/Carer's Details:

Surname: _____ Forename: _____

Address: _____ Postcode: _____

E-Mail Address: _____

Telephone No: Home: _____ Mobile: _____ Work: _____

Place Of Work: _____

Custody Of Child Yes / No (*Please Circle*)

Does anyone have restricted access in your family? YES / NO

Name Of Siblings:

D.O.B:

Medical Details

Doctor's Name: _____ Telephone No: _____

Address: _____ Postcode: _____

Does your child wear glasses? YES / NO (Please circle)

Does your child have a hearing problem? YES / NO (Please circle)

Does your child have allergies (including food allergies)? Please give details:

Any other medical illness: _____

Emergency Contact

Please give details of person to be contacted in emergency (*other than Parent*)

Surname: _____ Forename: _____

Telephone No: Home: _____ Mobile: _____ Work: _____

Relationship to Child: _____

ETHNIC DETAILS: Please tick the box that best describes your child's background

Asian/Asian British	Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	Mirpuri	<input type="checkbox"/>
	Sri Lankan Tamil	<input type="checkbox"/>	Taiwanese	<input type="checkbox"/>
	Thai	<input type="checkbox"/>	Other Asian Group	<input type="checkbox"/>
Black/Black British	Caribbean	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>
	Nigerian	<input type="checkbox"/>	Somalian	<input type="checkbox"/>
	Other Black group	<input type="checkbox"/>		
Chinese	Hong Kong Chinese	<input type="checkbox"/>	Other Chinese Group	<input type="checkbox"/>
White	English	<input type="checkbox"/>	Cornish	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
	Welsh	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>
	Gypsy/Roma	<input type="checkbox"/>	Italian	<input type="checkbox"/>
	Portuguese	<input type="checkbox"/>	Eastern European	<input type="checkbox"/>
	Western European	<input type="checkbox"/>	Other White Group	<input type="checkbox"/>
Mixed Heritage	Asian and Chinese	<input type="checkbox"/>	Asian and Black	<input type="checkbox"/>
	Asian and White	<input type="checkbox"/>	White and African	<input type="checkbox"/>
	Other Mixed Group	<input type="checkbox"/>		
	Afghanistani	<input type="checkbox"/>	Arab	<input type="checkbox"/>
	Lebanese	<input type="checkbox"/>	Other ethnic Group	<input type="checkbox"/>
Refused to declare		<input type="checkbox"/>		

Mode of Travel: Walk, Car, Taxi, Public Transport (*Please circle*)

Signed: _____

Date: _____

FOR OFFICE USE:

Birth Certificate seen: YES / NO

Visa/Passport seen: YES / NO

Date of Admission: _____ CTF: Requested / Received

UPN NO: _____

ADMISSION NO: _____