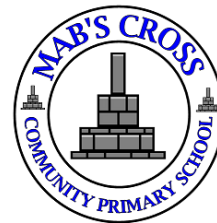


# MAB'S CROSS COMMUNITY PRIMARY SCHOOL



## APPLICATION FOR ADMISSION TO A RECEPTION CLASS

Year of admission \_\_\_\_\_

Legal Forename (s) \_\_\_\_\_ Legal Surname \_\_\_\_\_ (as birth cert)

Preferred Forename \_\_\_\_\_ Preferred Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone(home) \_\_\_\_\_

Mobile \_\_\_\_\_

Post Code \_\_\_\_\_

### ETHNICITY

Home Language \_\_\_\_\_ Religion \_\_\_\_\_

First Language \_\_\_\_\_ English as Additional language \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

(if different from \_\_\_\_\_ (if different from \_\_\_\_\_

above) \_\_\_\_\_ above) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Siblings in School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medical Conditions

\_\_\_\_\_

Doctor's Name \_\_\_\_\_

Surgery \_\_\_\_\_

NHS Number \_\_\_\_\_

### Special Educational Needs

\_\_\_\_\_

Dietary Needs \_\_\_\_\_

Pre-School Placement \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

\_\_\_\_\_

Parent's (s') signature(s) \_\_\_\_\_ Date

\_\_\_\_\_

Birth Certificate seen by \_\_\_\_\_ Date

\_\_\_\_\_