

## STUDENT ADMISSION FORM 2021

Child's Name		Permanent Home Address	
First Names			
Last Name			
		Postcode:	
Date of Birth		Name of daytime school	

Please ensure the details are correct and this is your child's permanent home address, **NOT** the address of a business, a relative, a friend, a childminder, a temporary address or an address to which you hope to move.

Does your child have a medical condition/allergy? **YES** **NO**

If YES, please provide details here.

Is there anything else that we need to know regarding your child's health and well-being? **YES** **NO**

If YES, please provide details here.

Parent/Guardian's Full Name: \_\_\_\_\_

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

Home telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_