ELLWOOD COMMUNITY PRIMARY SCHOOL

ADMISSION APPLICATION

PUPIL INFORMATION

Surname _____ Forename _____

Middle Name(s) _____ Chosen Name _____

Gender (Male or Female) Date of Birth _____

Address _____

Telephone No. _____

Brother/Sister in School (Y/N) Name _____

Year _____

PREVIOUS SCHOOL OR NURSERY

Name _____

Address _____

Dates Attended From _____ To _____

Reason for leaving _____

ETHNIC DETAILS

Ethnic Origin _____

Home Language _____

Religion _____

MEDICAL DETAILS

Doctor's Name _____

Surgery Address _____

Medical Information _____

_____

MEAL ARRANGEMENTS

Free School Meal ☐ Paid School Meal ☐ Sandwiches ☐ Home ☐

Dietary Needs _____

TRAVEL ARRANGEMENTS

Car ☐ Walks ☐ Bus ☐ Bicycle ☐ Taxi ☐ Other ☐

PARENT INFORMATION

1. Mothers Name _____
   Address _____
   _____
   _____

   Telephone No (Home) _____
   Telephone No (Work) _____
   Mobile No _____

   Parental Responsibility Yes / No
   Does pupil live at this address Yes / No
   Emergency Contact? Yes / No

2. Fathers Name _____
   Address _____
   _____
   _____

   Telephone No (Home) _____
   Telephone No (Work) _____
   Mobile No _____

   Parental Responsibility Yes / No
   Does pupil live at this address Yes / No
   Emergency Contact? Yes / No

EMERGENCY CONTACT DETAILS IN ORDER OF PRIORITY – In addition to the above

3. Name _____
   Address _____
   _____
   _____

   Telephone No (Home) _____
   Telephone No (Work) _____
   Mobile No _____

   Relationship to child _____
   Does pupil live at this address Yes / No

4. Name _____
   Address _____
   _____
   _____

   Telephone No (Home) _____
   Telephone No (Work) _____
   Mobile No _____

   Relationship to child _____
   Does pupil live at this address Yes / No

ANY OTHER RELEVANT INFORMATION

_____

_____

_____

Signed _____ **Date** _____

Office use only:

Birth Certificate seen (Y / N)

Accepted (Y / N)