CONFIDENTIAL

BROOKFIELDS PRIMARY SCHOOL

Application / Admission Form (blue form)

APPLICATION FOR A YEAR …….. PLACE

Child's First Name(s): …… Surname ……

Male / Female: …… Date of Birth: ……

Home Address: ……

…… Postcode: ……

PARENT / GUARDIAN INFORMATION:

Relationship to child (parent/foster parent/grandparent etc) ……

Mother's name: (Miss/Ms/Mrs) ……

Father's name: ……

(Parents' address, if different to child's home) – Mother / Father: ……

……

…… Postcode: ……

If you are not the parent, are you the child's legal guardian? **YES** ☐ **NO** ☐

CONTACT DETAILS:

	Home No.	Mobile No.	Work No.	Email Address
Mother				
Father				

Brothers or sisters at Brookfields: ……

Previous School / Nursery attended: ……

Previous School / Nursery dates: from…… to:……

If newly arrived to the country, date of arrival: …… Country from: ……

Language(s) spoken at home: ……

Other languages spoken fluently: ……

Asylum Seeker? **YES** ☐ **NO** ☐ Refugee? **YES** ☐ **NO** ☐

EMERGENCY CONTACT 1:
(Please put contact details of a responsible person, other than contacts above).

Name: …… Relationship to Child: ……

Address: ……

…… Postcode: ……

Telephone: (Home) …… (Mobile) …… (work) ……

EMERGENCY CONTACT 2:
(Please put contact details of a responsible person, other than contacts above).

Name: …… Relationship to Child: ……

Address: ……

…… Postcode: ……

Telephone: (Home) …… (Mobile) …… (work) ……

School reports should be sent to: ……

(Please also send a copy to: ……)

INFORMATION ABOUT FOOD (dietary requirements, food allergies): ……

……

……

Halal? (Please tick one): YES ☐ NO ☐

School Meals (Please tick one): Free (if applicable) ☐ Paid ☐ Packed lunch ☐

How will the child travel to school? Walk ☐ Bus ☐ Car ☐ Other ☐

If other, please specify: ……

MEDICAL DETAILS:

Doctor's Name: ……

Address: ……

……

…… Postcode: ……

Telephone Number: ……

Medical Conditions: ……

……

Allergies: ……

……

Medical History: ……

……

Medication ………

……

Does the child have asthma? YES ☐ NO ☐

Inhaler Colour (please tick if applicable): Blue ☐ Brown ☐

Completed by: …… Date: ……