

## ADMISSION TO SEATON ACADEMY- RECEPTION PLACE

Personal information – child's details					
Child's first name					
Child's surname					
Date of birth	Gender				
Home Address					
	Postcode				
Current Nursery					
Parant/Caror datails					
Name of Parent/Carer	Relationship to child				
Contact telephone number	Mobile				
Who does your child live with					
Does your child have a Statement of Special Educational Needs Yes/No					
Is your child currently undergoing a statutory assessment of Yes/No Special Educational Needs?					
Is your child in the care of the Local Authority? Yes/No If yes which authority					
Will your child have a brother or sister attending the academy in September? Yes/No					
If yes brother/sisters name					

Telephone: 01900 66982 www.seatonacademy.co.uk Head: Mr R Barton



Parental declaration I can confirm that I have parental responsibility for this child and the information given is correct. I understand that if I have given false information any offer may be withdrawn. I also agree to whatever checks may be carried out to verify accuracy.					
Full name of parent/carer (please print)					
Signed	Date				
Emergency contact details					
1. Name	Relationship	_			
Address					
		-			
2. Name	_ Relationship	_			
Address					
Telephone numbers		-			
3. Name	Relationship	_			
Address					
Telephone numbers		-			

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Medical Inford Doctors name	mation e, address and telephone numl	ber				
Does your chi	ld have problems with any of t	the follow	ving (if yes ple	ease give details:		
Hearing	Yes/No				_	
Sight	Yes/No				_	
Speech Yes/No						
Asthma	Yes/No				_	
Allergies	Yes/No				_	
Any other	Yes/No				_	
General Information Home Langua	mation age		Religion			
Ethnicity						
Travel Arrange	ements					
Walk	Car	Bus		Cycle	Taxi	
Important I have completed an online application on the Cumbria County Council website Yes/No (please delete as appropriate)						