THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA



Pupil Information

If your child is new

please state date of

into the country

entry to the UK

ST. MARY'S CATHOLIC PRIMARY SCHOOL

East Row North Kensington London W10 5AW

Telephone: 020 8969 0321 Fax: 020 8964 3122

E-mail: <u>info@st-marys.rbkc.sch.uk</u> Website: <u>www.st-marys.rbkc.sch.uk</u>

Head Teacher: Ms. Geraldine Hampton

Application for Admission

Please note that all parents are required to provide evidence of date of birth (e.g. birth certificate/passport) when registering their child in a school in the Royal Borough.

Please complete in BLOCK CAPITALS and provide any documents requested on the application form

Forename			
Surname			
Date of Birth		Gender (M/F)	
Child's Current Permanent Address			
	Borough		
Post Code		Telephone Number	

Is the child in public care, i.e. looked after by a Local Authority? If YES the application must be made by the person with parental responsibility and/or social worker	
Are there significant medical, social or special educational needs which you would like to be taken into account? Please give details	

Please state

residence (if

applicable)

previous country of

Official Use Application Received:		
Date of Admission:		
Evidence of date of Birth Y/N	Evidence of Address	Y/N

P	arent	/Cuard	ian Inf	formation
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Mother's Name Mrs,Miss,Ms	Father's Name
Address if	Address if
different to	different to
child's	child's
Mobile Number	Mobile Number
Home Number	Home Number
Email Address	Email Address
Other Contact	Other Contact
Relationship to	Relationship to
child	child
Mobile Number	Mobile Number
Home Number	Home Number

It is important that we have two other contact People's details in case of an emergency. Please provide a landline and mobile number of each

Change of address or contact telephone numbers should be notified to the school immediately

Dietary/Medical Details

GP Name	Medical Practice	Address
Telephone Number		
Does your child have a medical condition (i.e. asthma, epilepsy, diabetes, allergies etc.)	Yes- PLEASE GIVE DETAILS if yes please complete the separate form giving details of required medication	No

Lunch arrangements

What lunch arrangements w	ould you	like for yo	our chi	ld? Please	tick one b	oox only		
School Lunch			Packed Lunch Reception- Year 6 C					
SDoes your child have speci ie, religious, medical or othe	-	needs,	YES	[NO		
If so, please specify								
Please indicate any foods w your child cannot eat	hich							
Please note: ❖ For those not entitled paid in advance eac weeks of arrears your required to supply a period to supply a period be brought to school Additional Information	h week, r child will backed lu o be brou	month, ½ no longei inch until ught into s	term or be produced school	or full term. Tovided wit Iccount is coont by the chil	If your ach och a school one again do in the n	count exce ol lunch, and in credit.	eds one d you will be	
What is your child's religion?				Name of P	arish			
Child's country of Origin				First Langu	age			
Mother's Country of Origin				First Langu	age			
Father's Country of Origin				First Langu	age			
What is the main language spoken at home								
Has your child received English Language Support?	Yes				No			

Previous School History

Name of your child's previous School				Tel	No.							
Which Local Authority												
Has your child previously attended a Nursery?			YES				NO					
If Yes Name and Address of Nursery												
Telephone Number												
Miscellaneous Information		ı										
What is your child's position in the (please circle)	family,	1 2	2 3	4	5	6	7	8	9	10		
		1										
Is your child able to dress themse	lves?	YES					٨	lo				
Is your child toilet trained?		YES No										
Data Protection Act 1998 Information supplied will be used in a information parents provide when ap The information is protected by the D used for defined purposed and can a the defined purposed are ❖ Administering the admissions preventing fraud or criminal or	oplying for a scho lata Protection Ad only be passed to process as set out	ol place ct 1998, specifi t in the	e will be which c peop	e ente ensure le.	red c es the	on a c	comp	outeri	sed do	atabase.		
I hereby declare that to the best o and I agree to notify the school in withholding information and/or giv place for my child. I give permission confirm the information given that	writing of any cling false informon for the School	hanges ation c /Local	s that n ould in Author	nay c valid rity to	arise. ate d mal	l und any s ke ai	derst subse ny ne	and eque	that nt offe	er of a		
Signature of Parent/Carer				D1.	_							
				Date	∋							