# THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

|  |  |
| --- | --- |
| StMarysCatholicSchool_Logo_RGB | **ST. MARY’S CATHOLIC PRIMARY SCHOOL**  East Row North Kensington London W10 5AW  Telephone: 020 8969 0321  Fax: 020 8964 3122  E-mail: [info@st-marys.rbkc.sch.uk](mailto:info@st-marys.rbkc.sch.uk)  Website: [www.st-marys.rbkc.sch.uk](http://www.st-marys.rbkc.sch.uk)  Head Teacher: Miss Ann Slavin |

# 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

**Pupil Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Forename** |  | | | |
| **Surname** |  | | | |
| **Date of Birth** |  | | **Gender**  **(M/F)** |  |
| **Child’s Current Permanent Address** |  | | | |
| **Borough** |  | | |
| **Post Code** |  | **Telephone Number** | |  |
| **If your child is new into the country please state date of entry to the UK** |  | **Please state previous country of residence *(if applicable)*** | |  |

|  |  |
| --- | --- |
| **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* |  |

**Official Use**

Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evidence of date of Birth **Y/N** Evidence of Address **Y/N**

**Parent/Guardian Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mother’s Name**  **Mrs,Miss,Ms** |  | **Father’s Name** |  | |
| **Address if**  **different to child’s** |  | **Address if**  **different to child’s** | |  |
| **Mobile Number**  **Home Number** |  | **Mobile Number**  **Home Number** | |  |
| **Email Address** |  | **Email Address** | |  |
| **Other Contact** |  | **Other Contact** | |  |
| **Relationship to child** |  | **Relationship to child** | |  |
| **Mobile Number**  **Home Number** |  | **Mobile 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 would you like for your child? Please tick one box only** | | | |
| **School Lunch** | | **Packed Lunch Reception- Year 6 ONLY** | |
| **SDoes your child have special dietry needs, ie, religious, medical or otherwise** | | **YES** | **NO** |
| **If so, please specify** |  | | |
| **Please indicate any foods which your child cannot eat** |  | | |
| **Please note:**   * For those **not** entitled to Free School Meals, meals cost £2.20 per day (£11.00pw). This is to be paid in advance each week, month, ½ term or full term. If your account exceeds one weeks of arrears your child will no longer be provided with a school lunch, and you will be required to supply a packed lunch until your account is one again in credit. * Packed lunches are to be brought into school by the child in the morning. Hot food cannot be brought to school later to be given to the child at lunchtime | | | |

**Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **What is your child’s religion?** |  | **Name of Parish** |  |
| **Child’s country of Origin** |  | **First Language** |  |
| **Mother’s Country of Origin** |  | **First Language** |  |
| **Father’s Country of Origin** |  | **First Language** |  |
| **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**

|  |  |
| --- | --- |
| **What is your child’s position in the family, (*please circle*)** | **1 2 3 4 5 6 7 8 9 10** |
|  | |
| **Is your child able to dress themselves?** | **YES No** |
| **Is your child toilet trained?** | **YES No** |

|  |
| --- |
| **Data Protection Act 1998**  Information supplied will be used in accordance with the Data Protection Act 1998 and GDPR rules. Any information parents provide when applying for a school place will be entered on a computerised database. The information is protected by the Data Protection Act 1998, which ensures the information can only be used for defined purposed and can only be passed to specific people.  The defined purposed are   * Administering the admissions process as set out in the admissions policy * Preventing fraud or criminal offence or to ensure the safety of any child |

I hereby declare that to the best of knowledge and belief the details I have given above are correct and I agree to notify the school in writing of any changes that may arise. I understand that withholding information and/or giving false information could invalidate any subsequent offer of a place for my child. I give permission for the School/Local Authority to make any necessary checks to confirm the information given that is relevant to the success of my application.

Signature of Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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