



ACADEMY ADMISSION FORM

Please insert ✓ in relevant box/es to indicate which you are applying for (or both) School Nursery

1. Your child

Legal Surname	<input type="text"/>	Preferred Surname	<input type="text"/>
First Name	<input type="text"/>	Middle Name	<input type="text"/>
Date of Birth	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<i>Insert ✓ in relevant box</i>
Home Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Ethnicity	<input type="text"/>	Home Language	<input type="text"/>
First language spoken by child	<input type="text"/>	Country of Birth	<input type="text"/>
Religion	<input type="text"/>	Please provide evidence e.g. baptism certificate	

2. Parent/Carers Details

MOTHER

Title	<input type="text"/>	Surname	<input type="text"/>	First Names	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>	Post Code	<input type="text"/>		
Mobile number	<input type="text"/>	Home phone no.	<input type="text"/>		
E-mail address	<input type="text"/>	NI number	<input type="text"/>		
Place of work	<input type="text"/>	Contact no.	<input type="text"/>		

FATHER

Title	<input type="text"/>	Surname	<input type="text"/>	First Names	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>	Post Code	<input type="text"/>		
Mobile number	<input type="text"/>	Home phone no	<input type="text"/>		
E-mail address	<input type="text"/>	NI number	<input type="text"/>		
Place of work	<input type="text"/>	Contact no.	<input type="text"/>		

Other Adult(s) with parental responsibility for the child or emergency contact

Title	Surname	First Names
Address		
	Post Code	
Mobile number	Home phone no.	
E-mail address	Relationship to child	
Place of work	Contact no.	

3. Information about your child

Name of Doctor	Phone number
Address	
Previous nursery/school (if applicable)	

Does your child have any of the following: (if yes, please give details)

Special educational needs (as identified by a relevant professional)

Any long term medical needs, allergies or illness

Any court orders relating to the child, e.g. residency order, family court order, adoption etc

4. Details of siblings

Name of child	School currently attending

Please use this sheet to provide any further information to support your application.