



REQUEST FOR CHILD TO JOIN SCHOOL

Other than at the start of Reception

Child's Name _____ Male / Female
(delete as applicable)

D.O.B _____

Address: _____

_____ Postcode _____

Parents / Carers Names _____

Contact telephone number /s _____

Contact telephone number /s _____

Email address for correspondence _____

Where there is a place available in a Year Group the Governors will consider all the applicants for that Year Group at the same time. If there are more applicants than places available the over-subscription criteria, set out in the school Admission Policy, will be applied to determine which child will be offered the available place. A copy of the school admission policy is available upon request and can be found on the school website.

Please sign below to indicate that you have read and understood the procedure as outlined in the above paragraph.

Signed _____ Date _____

Name _____

FOR OFFICE USE

Birth Certificate seen Year Group _____

Child Benefit book seen Initials _____

Other documentation _____

(Please state what has been seen)

Please complete this form and return it to the school office.