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| **ELMLEA SCHOOLS’ TRUST****PUPIL APPLICATION FORM** **ELMLEA INFANT AND JUNIOR SCHOOLS** |
| **Pupil Details** |
| **Legal forename** | **Middle name (s)** | **Legal surname** |
|       |       |       |
| **Gender**  | Male [ ]  Female [ ]  | **Date of Birth** |       |
| *Note: If your child lives at more than one address please give the address where they reside for the majority of the school week.* |
| **Home address including postcode** | **Home telephone number** |
|       |       |
| **Main contact number (to be used as first point of contact)** |
|       |
| **Main e-mail address** |
|       |
| Unless otherwise instructed the school will contact you via electronic means. |
| **Name and address of current school**  |       |
| **Current year group** |       | **Proposed start date at Elmlea Infant/Junior School** |       |
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| **Parent Details** |
| **Mother** |
| **Title** |  | **Address including postcode (if different from child)** |
|  |
| **Forename** |  |
| **Surname** |  |
| **Home Telephone** | **Work Telephone** | **Mobile** | **E-mail** |
|  |  |  |  |
| **Father** |
| **Title** |  | **Address including postcode (if different from child)** |
|  |
| **Forename** |  |
| **Surname** |  |
| **Home Telephone** | **Work Telephone** | **Mobile** | **E-mail** |
|  |  |  |  |
| **Sibling(s) Name** | **Date of Birth** | **Current School** |
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| **Does your child have a Special Educational Need?** | Yes [ ]  No [ ]  |
| **If so do they have an Educational, Health Care Plan (EHCP)/Statement?** | Yes [ ]  No [ ]  |
| **Is your child currently or have they previously been in care?** | Yes [ ]  No [ ]  |
|  |
| Signed |  | Dated |       |