

BEESTON HILL St. LUKE'S C of E PRIMARY SCHOOL APPLICATION AND SUPPLEMENTARY INFORMATION FORM

Child's Surname: Legal Surname (if different):
 Forename: Middle Name(s):
 Chosen name (if different to forename): Gender: M / F Date of birth:

ADDRESS OF CHILD:
 Postcode: Home Tel. No:

SIBLINGS - Please give names and dates of birth of other children in family:.....

CONTACT DETAILS: Please give details of up to four people who may be contacted in an emergency. Please use the Contact Priority Order (1st - 4th) to indicate the preferred order in which these people may be contacted

MOTHER'S DETAILS: Surname:..... Forename:..... Title:.....
 D.o.b:..... Country of Origin:.....
 Home Address:
 Postcode: Home Tel. No:
 Daytime Tel. No: Daytime place (if not at home) :
 Notes (i.e. mornings only, etc):
 Mobile Phone No: Contact Priority Order: 1st / 2nd / 3rd / 4th (please indicate)
 Does the above have LEGAL PARENTAL RESPONSIBILITY for the child? **Yes / No** (please indicate)
 If **YES** please indicate whether responsibility is **SOLE** or **SHARED**

FATHER'S DETAILS: Surname:..... Forename:..... Title:.....
 D.o.b:..... Country of Origin:.....
 Home Address:
 Postcode: Home Tel. No:
 Daytime Tel. No: Daytime place (if not at home) :
 Notes (i.e. mornings only, etc):
 Mobile Phone No: Contact Priority Order: 1st / 2nd / 3rd / 4th (please indicate)
 Does the above have LEGAL PARENTAL RESPONSIBILITY for the child? **Yes / No** (please indicate)
 If **YES** please indicate whether responsibility is **SOLE** or **SHARED**

OTHER CONTACT DETAILS: (If child is "Looked After" or "In Public Care", please include social worker's details)
 Surname: Forename: Title:
 Home Address:
 Postcode: Home Tel. No:
 Daytime Tel. No: Daytime place (if not at home):
 Notes (i.e. mornings only, etc):
 Mobile Phone No: Contact Priority Order: 1st / 2nd / 3rd / 4th (please indicate)
 Please indicate relationship to child (i.e. parent/step parent/guardian, etc):
 Does the above have LEGAL PARENTAL RESPONSIBILITY for the child? **Yes / No** (please indicate)
 If **YES** please indicate whether responsibility is **SOLE** or **SHARED**

OTHER CONTACT DETAILS: (If child is "Looked After" or "In Public Care", please include social worker's details)
 Surname: Forename: Title:
 Home Address:
 Postcode: Home Tel. No:
 Daytime Tel. No: Daytime place (if not at home):
 Notes (i.e. mornings only, etc):
 Mobile Phone No: Contact Priority Order: 1st / 2nd / 3rd / 4th (please indicate)
 Please indicate relationship to child (i.e. parent/step parent/guardian, etc):
 Does the above have LEGAL PARENTAL RESPONSIBILITY for the child? **Yes / No** (please indicate)
 If **YES** please indicate whether responsibility is **SOLE** or **SHARED**

MEDICAL INFORMATION:

Doctor's Name: Tel No:
Address of Practice:
Any medical conditions/allergies of which school should be aware:

SCHOOL MEAL ARRANGEMENTS (2 weeks notice must be given for any change of arrangements)

School dinner–paid; School dinner–free (Proof of entitlement must be provided); Packed lunch

Please give details of any special dietary needs/requirements:

TRAVEL ARRANGEMENTS (please tick appropriate box): Walks Private car Public transport

Please indicate if your child is:

In Public Care; A Traveller Child; Asylum Seeker; Refugee

CHILD'S ETHNICITY:

Ethnic origin (see below): Home Language: Religion:

The following lists contain all the ethnic descriptions recommended by Education Leeds. Please choose the one most appropriate for your child and enter the corresponding number above.

<p>White</p> <p>1. British 2. Irish 3. Traveller of Irish Heritage 4. Gypsy/Roma 5. Western European 6. Eastern European 7. Any other White background</p>	<p>Asian or Asian British</p> <p>12. Indian 13. Pakistani 14. - Kashmiri 15. Bangladeshi 16. Any other Asian background 17. - Kashmiri</p>	<p>21. Chinese</p> <hr/> <p>22. Any other Ethnic background</p>
<p>Mixed</p> <p>8. White and Black Caribbean 9. White and Black African 10. White and Asian 11. Any other Mixed background</p>	<p>Black or Black British</p> <p>18. Caribbean 19. African 20. Any other Black background</p>	<p>23. Do not wish an ethnic background to be recorded.</p>

EDUCATIONAL HISTORY (if applicable):

Name and address of previous School/Nursery:

***** EDUCATIONAL VISITS *****

I give permission for my child to be taken out of school occasionally on supervised, local educational visits connected with class activities.

I acknowledge the need for obedience and responsible behaviour on his/her part.

Please tick box to indicate agreement.

PARENT/CARER'S SIGNATURE:

Name (block capitals): Date:

NOTE: If any of your contact details change before your child starts school/nursery, (such as address, phone numbers, contact names, etc.) please remember to inform school.

**BEESTON HILL St LUKE'S C of E VOLUNTARY AIDED PRIMARY SCHOOL
APPLICATION FOR ADMISSION - SUPPLEMENTARY INFORMATION FORM**

Child's Name: _____ DoB: _____.

Address _____

1. Do you have any older children attending this school? Yes / No

If the answer to this question is yes, please give names and dates of birth of any older brothers or sisters who will be in school at the expected date of entry for the applicant:

2. Do you and/or your child(ren) regularly and frequently worship at St Luke's Church?

('Regularly and frequently' is defined as attending your place of worship at least once per month and for at least 18 months before the closing date of the application)

Yes / No

3. Do you live in St Luke's parish? Yes / No

4. Do you and/or your child(ren) regularly and frequently worship at another Christian Church which is affiliated to Churches Together in Britain and Ireland or one in full sympathy with its Trinitarian Creed?

Yes / No

5. Do you and/or your child(ren) regularly and frequently attend a place of worship according to any of the following faiths? Buddhism, Hinduism, Islam, Judaism or Sikhism

Yes / No

If the answer to questions 2, 4 or 5 is yes, please provide a written reference from your religious leader confirming regular attendance for at least 18 months before the closing date of application (see admission policy):

Any written confirmation must be received in school by the first week in January of the expected year of school entry. It is a parental responsibility to ensure that references are received by school.

PARENT/CARER'S SIGNATURE:

Name (block capitals): Date:

The Governors will admit pupils in mid-year on the above basis, if vacancies occur.

Please Note: Attendance in nursery does not automatically guarantee a school place

OFFICE USE ONLY:

Birth Cert. seen: Admission date: Admission No:

Date of home visit: Notes: