



CASTLECROFT PRIMARY SCHOOL – APPLICATION FOR ADMISSION

PERSONAL INFORMATION FORM – CONFIDENTIAL

NURSERY: AM or PM preference? Please tick to indicate:

MORNING

AFTERNOON

FOR OFFICE USE ONLY

Start Date: _____

Admission No: _____

HOME INFORMATION

SURNAME/FAMILY NAME _____ MALE/FEMALE _____

FORENAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ HOME PHONE _____

_____ MOBILE _____

_____ POSTCODE _____

PARENTS/GUARDIANS LIVING AT ABOVE ADDRESS

_____ National Insurance/NASS Number: _____

_____ National Insurance/NASS Number: _____

PARENTS/GUARDIANS LIVING AT ANOTHER ADDRESS _____

ADDRESS _____ POSTCODE _____

DOES THIS PERSON HAVE LEGAL ACCESS TO THE CHILD? **YES / NO**

EMERGENCY CONTACT INFORMATION

FOR EMERGENCY/ILLNESS, PLEASE GIVE DETAILS OF UP TO 2 EXTRA CONTACT NUMBERS (e.g. WORK PLACE)

NAME 1 _____ PHONE _____

RELATIONSHIP TO CHILD _____ NOTES _____

NAME 2 _____ PHONE _____

RELATIONSHIP TO CHILD _____ NOTES _____

SCHOOL HISTORY (if applying for a place in RECEPTION – YEAR 6)

NAME OF PREVIOUS SCHOOL _____ DATE OF LEAVING _____

ADDRESS _____ PHONE _____

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MEDICAL INFORMATION

FAMILY DOCTOR _____ PHONE _____

ADDRESS _____

PLEASE LIST ANY KNOWN MEDICAL CONDITIONS (e.g. Allergies, Asthma, Eczema, Heart, Hearing or Vision)

DOES YOUR CHILD REQUIRE REGULAR MEDICATION DURING THE SCHOOL DAY? If yes, please add details.

ETHNIC DETAILS (Optional – you are under no obligation to complete this section) Please tick one box only

WHITE

British Irish Traveller of Irish Heritage Gypsy/Roma Any other White background

BLACK or BLACK BRITISH

Caribbean African Any other Black background

MIXED

White & Black Caribbean White & Black African White & Asian Any other Mixed background

ASIAN or ASIAN BRITISH

Indian Pakistani Bangladeshi Any other Asian background

Chinese Any other Ethnic background I do not wish to record these details

HOME LANGUAGE _____ RELIGION _____

DECLARATION

Being the parent or guardian of the above named child, I hereby apply for admission to Castlecroft Primary School.

If applying for a Nursery place: I understand that this application form does not guarantee my child a place at Castlecroft when he/she becomes eligible to transfer to Reception class; such a transfer will require a separate, formal application to the Local Authority.

I understand that the information provided on this form will be held on the school's computer system and will be subject to the provisions of the Data Protection Act 1998.

Signed _____ Print Name _____ Date _____