



LINGFIELD PRIMARY SCHOOL

Partners in Learning

ADMISSION FORM

Please complete this form and return to the Headteacher at Lingfield Primary School

PUPIL INFORMATION

Surname:..... Forename:..... Middle Name(s):.....

Date of Birth:..... Gender: Male/Female (delete as applicable)

Position in family as a fraction: (ie. 1/2 = 1st of 2).....

Address:.....

Postcode:..... Phone No.:.....

CONTACT DETAILS

1) PARENT/CARER (full name)

Mrs/Miss/Ms..... Occupation:.....

Address: (if different to that of pupil).....

Phone Nos.: Home..... Work.....

Mobile..... Email.....

Relationship to child:.....

2) PARENT/CARER (full name)

Mr..... Occupation:.....

Address: (if different to that of pupil).....

Phone Nos.: Home..... Work.....

Mobile..... Email.....

Relationship to child:.....

1) Alternative contact: Mr/Mrs/Miss/Ms:.....

Relationship to child:..... Daytime phone no:.....

2) Alternative contact: Mr/Mrs/Miss/Ms:.....

Relationship to child:..... Daytime phone no:.....

If the pupil is in care or fostered please name the Local Authority responsible for the child

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EDUCATIONAL INFORMATION

Previous School, Nursery or Playgroup

Name:..... Phone No:.....

Address:.....

MEDICAL INFORMATION

Name of Doctor/practice:..... Phone no:.....

Address:.....

Please give details of any medical conditions or allergies which the school should be

aware of:.....

..... Does your child wear glasses: Y/N

DIETRY INFORMATION

I wish my child to have: School meals Y/N Sandwiches Y/N

My child is entitled to free school meals Y/N

ETHNICITY

Ethnic Origin:..... Religion:.....

Home Language:..... 1st Language:.....

Please give details of anything else which you would like the school to be aware of

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APPLICANT:(please print)..... Signature:.....

RELATIONSHIP TO CHILD:..... Date:.....

For office use

Date: of entry:..... Birth Certificate seen:..... Class:.....