



## WEXHAM COURT PRIMARY SCHOOL

### ADMISSION FORM

Please return this with your child's birth certificate (if not already provided).

<b>SURNAME:</b>	<b>ADMISSION NUMBER:</b>
<b>FIRST NAME:</b>	<b>DATE OF ADMISSION:</b>
<b>DATE OF BIRTH:</b>	<b>MALE / FEMALE</b>
<b>ADDRESS:</b>	
<b>POSTCODE:</b>	<b>TELEPHONE NUMBERS:</b>
<b>EMAIL ADDRESS</b> (this must be provided as all information will be sent to you directly via email)	

**YOU MUST ENSURE THAT YOU PROVIDE AT TWO DIFFERENT CONTACT TELEPHONE NUMBERS FOR YOUR FAMILY IN ACCORDANCE WITH 'KEEPING CHILDREN SAFE IN EDUCATION REGULATIONS 2018'**

<b>FATHER'S SURNAME:</b>	<b>FATHER'S FIRST NAME:</b>
<b>PLACE OF WORK:</b>	
<b>CONTACT NUMBER:</b>	
<b>MOTHER'S SURNAME:</b>	<b>MOTHER'S FIRST NAME:</b>
<b>PLACE OF WORK:</b>	
<b>CONTACT NUMBER:</b>	

If there are any family circumstances you think the school should be aware of, please list these , for example, separated parents, ill health or disability:

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.....  
.....

<b>GUARDIAN'S SURNAME:</b>	<b>GUARDIAN'S FIRST NAME:</b>
<b>RELATION TO THE CHILD:</b>	

**DOCTOR'S NAME:**

**DOCTOR'S SURGERY ADDRESS:**

**SPECIAL MEDICAL INFORMATION:**

Does your child have any dietary requirements? Yes / No (please circle as appropriate)

If yes, please specify:

Does your child qualify for Benefit Free School Meals? Yes / No (please circle as appropriate)

**EMERGENCY CONTACT NAME:**

**TELEPHONE NUMBER:**

**ADDRESS:**

**Previous Nursery or School Address:**

Dates attended From: To:

Brothers or sisters at Wexham: Yes / No (please circle as appropriate)

Name of brother or sister at Wexham Court Primary School (if applicable):

We make regular off site local visits, e.g. to the park, shops etc:

I DO / NOT give permission for my child to go off site for local visits as appropriate:

\_\_\_\_\_ (Parent / Guardian's signature)

If we are oversubscribed at the point of application, we will keep your details on file and you may remain on a waiting list and be contacted if a space becomes available. (These details will be removed once the child passes the maximum age to attend the school). Please tick the relevant box that applies to you:

Please store my details and contact me if a space becomes available.

I do not wish to be kept on the waiting list. Remove my details and I understand that I will not be contacted if a space becomes available.