

**APPLICATION TO THE LOCAL GOVERNING BODY FOR ADMISSION**

It is important that this form is completed accurately and full details given. The form is made available to the Independent Appeal Panel in the case of an appeal against non-admission. In all other respects, the information is treated in confidence. If you require assistance in the completion of the form, please contact our school office.

**CHILD’S DETAILS:**

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAMES** |  |
| **HOME ADDRESS****(INCLUDE POSTCODE)** |  |
| **DATE OF BIRTH** |  |

**PARENT/GUARDIAN/CARER DETAILS:**

|  |  |  |
| --- | --- | --- |
|  | **PARENT/GUARDIAN/CARER** | **PARENT/GUARDIAN/CARER** |
| **TITLE** |  |  |
| **SURNAME** |  |  |
| **FORENAME** |  |  |
| **TELEPHONE NUMBER** |  |  |
| **EMAIL ADDRESS** |  |  |
| **I/we wish my/our child to be admitted to the school and confirm that the information given is correct.** **Our application for admission is under criterion number \_\_ of the school’s Admission Policy (please see school website for details).****I/we understand the need to provide proof of address and of the child’s date of birth.****Signed / dated by a person(s) with legal responsibility for the child.** |
| **Office use only: Proof of address seen (sign and date)** **Evidence of date of birth seen (sign and date)** |