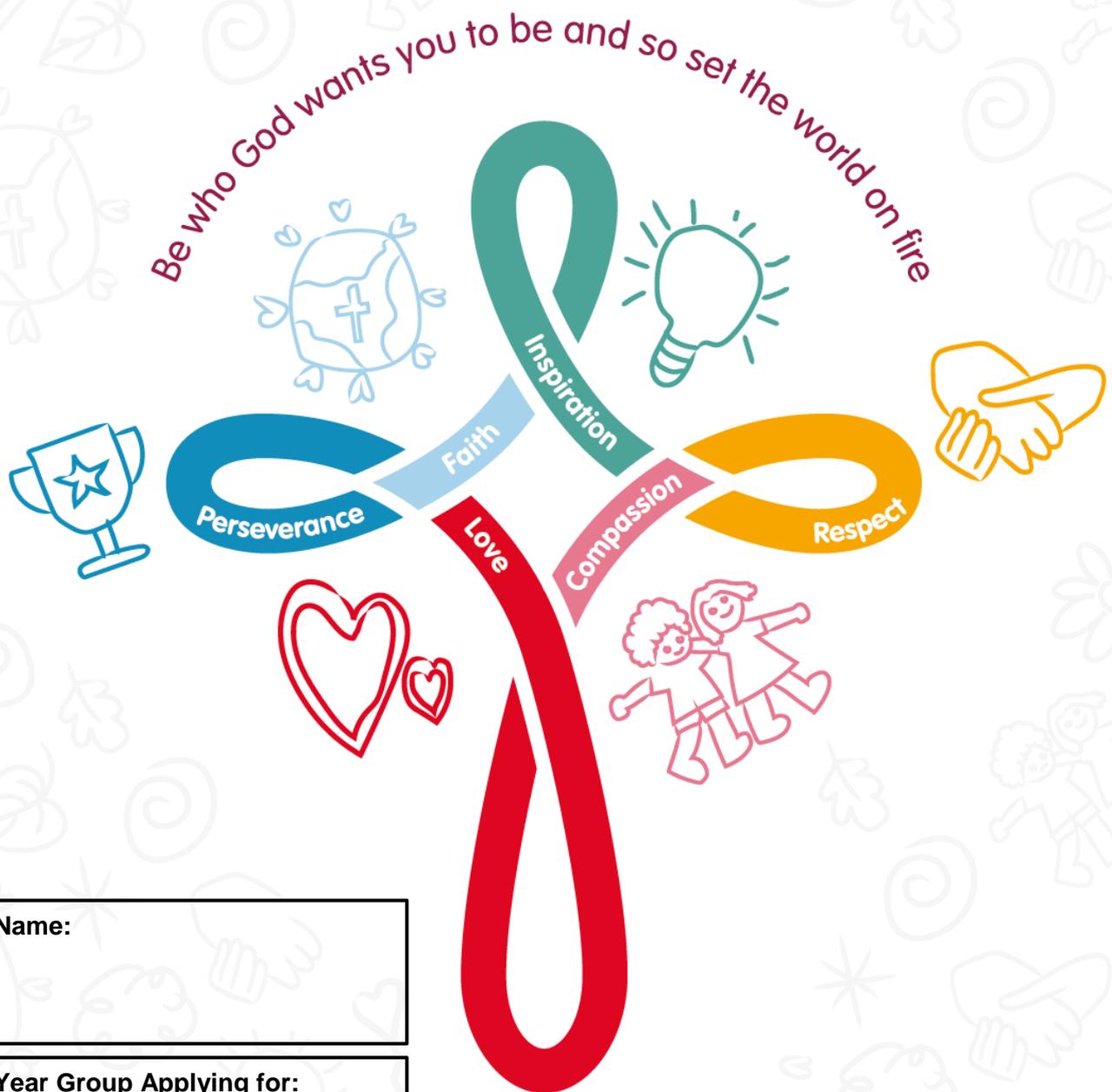


School Application Form



Name:

Year Group Applying for:
Reception | 1 | 2 | 3 | 4 | 5 | 6





School Application Form

Please note that we require the following original documents to enable us to process your application: **Baptism certificate, birth certificate, council tax bill**

- We must see original documents
- Failure to provide these documents will mean your application cannot be automatically processed and will be passed to the school governors to consider
- If you have any queries regarding this form, please contact the school office

Child's Information:

Forename:			
Surname:			
Date of birth:		Gender:	
Address:			
Postcode:			
Home Telephone:			



Parents Information:

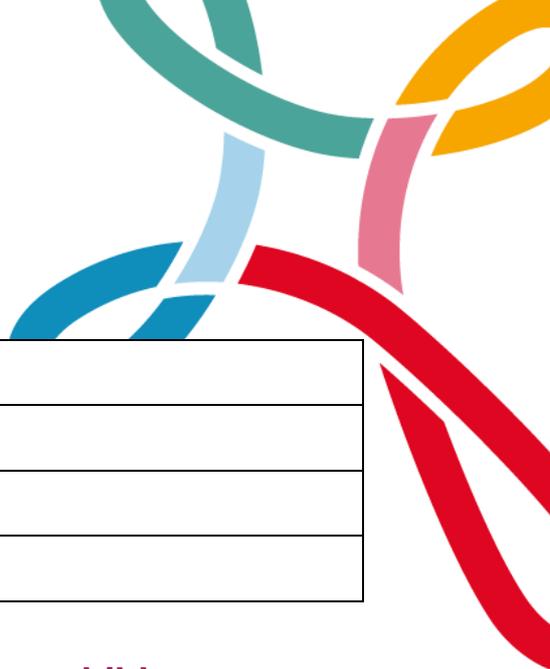
If applicable, please state which parent has custody

Parent 1:

Title (Please select):	Mr / Mrs / Miss / Ms / Dr / Other (specify)		
Forename:			
Surname:			
Address: (if different from child)			
Postcode:			
Home Telephone:		Work Telephone:	
Mobile Telephone:			
Email Address:			
Parental responsibility (Y/N)			

Parent 2:

Title (Please select):	Mr / Mrs / Miss / Ms / Dr / Other (specify)		
Forename:			
Surname:			
Address: (if different from child)			
Postcode:			
Home Telephone:		Work Telephone:	
Mobile Telephone:			
Email Address:			
Parental responsibility (Y/N)			



Other contact:

Relationship:	
Full Name:	
Mobile Telephone:	
Home Telephone:	

Please provide us with this information about your child:

Current Nursery / School / Childminder:	
Key worker (if known):	
Address & postcode:	
Telephone Number:	

This information is strictly confidential and required so that we can ensure that the school can meet their needs if necessary

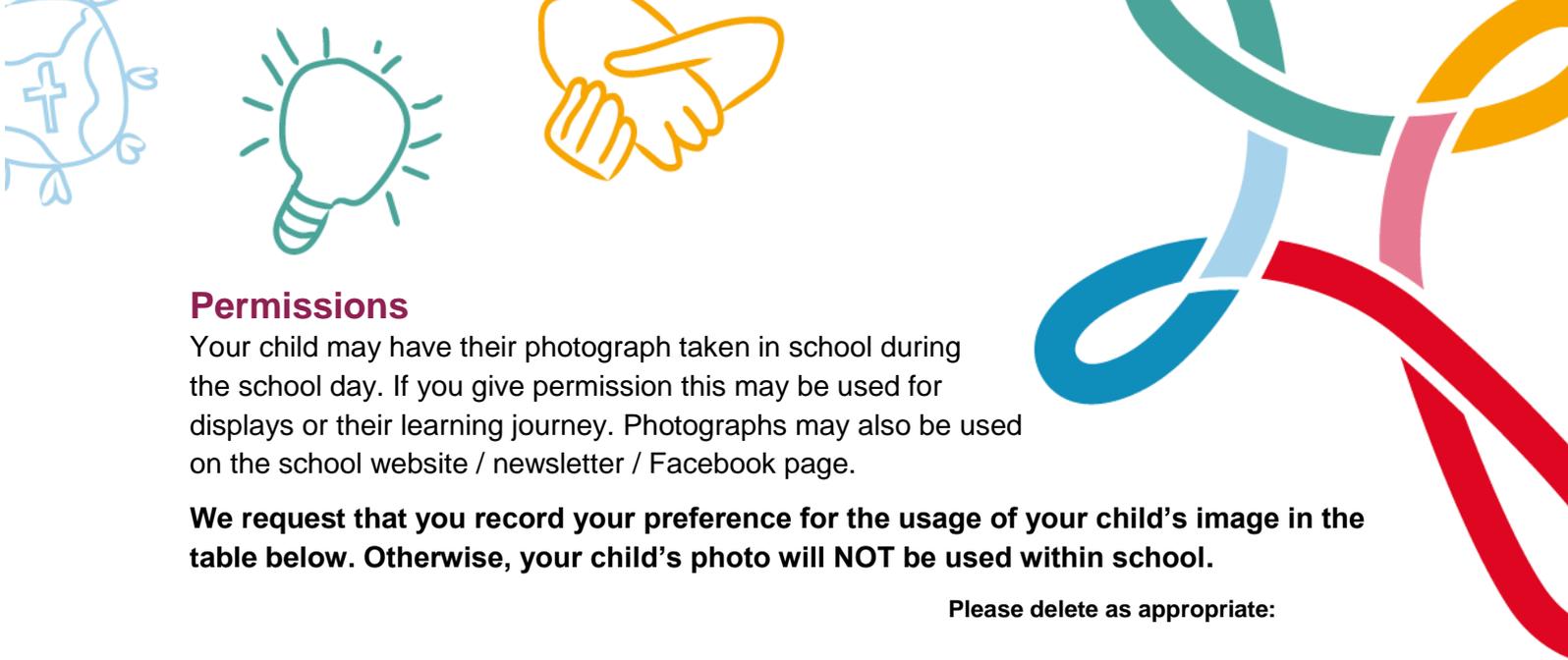
Does your child have any specific medical conditions?	Yes / No	If yes, please provide us with information on page 7
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Does your child have any additional needs? (e.g. educational, behavioural, social communication, emotional)	Yes / No	If yes, please provide us with information on page 7
--	----------	--

Are there any other health professionals involved with your child? (e.g. Speech & Language, CAPS, CAMHS)	Yes / No	If yes, please provide us with information on page 7
---	----------	--

Is your child currently under / ever has been in the care of the local authority? (e.g. Fostered / adopted)	Yes / No	
--	----------	--

Does your child have any allergies? (e.g. plasters, nuts, etc.)	Yes / No	If yes, please provide us with information on page 7
--	----------	--



Permissions

Your child may have their photograph taken in school during the school day. If you give permission this may be used for displays or their learning journey. Photographs may also be used on the school website / newsletter / Facebook page.

We request that you record your preference for the usage of your child’s image in the table below. Otherwise, your child’s photo will NOT be used within school.

Please delete as appropriate:

Private:	Images and names to be used around school, in books, etc.	Yes / No
Public:	On school social media, ie school Facebook page, website, video sharing sites.	Yes / No

GDPR

I give permission for any accident slips for my child to be given to afterschool club or to the person collecting my child from school.

Signature.....

Please provide an email address so we can set you up on our School Spider system:

Free School Meals

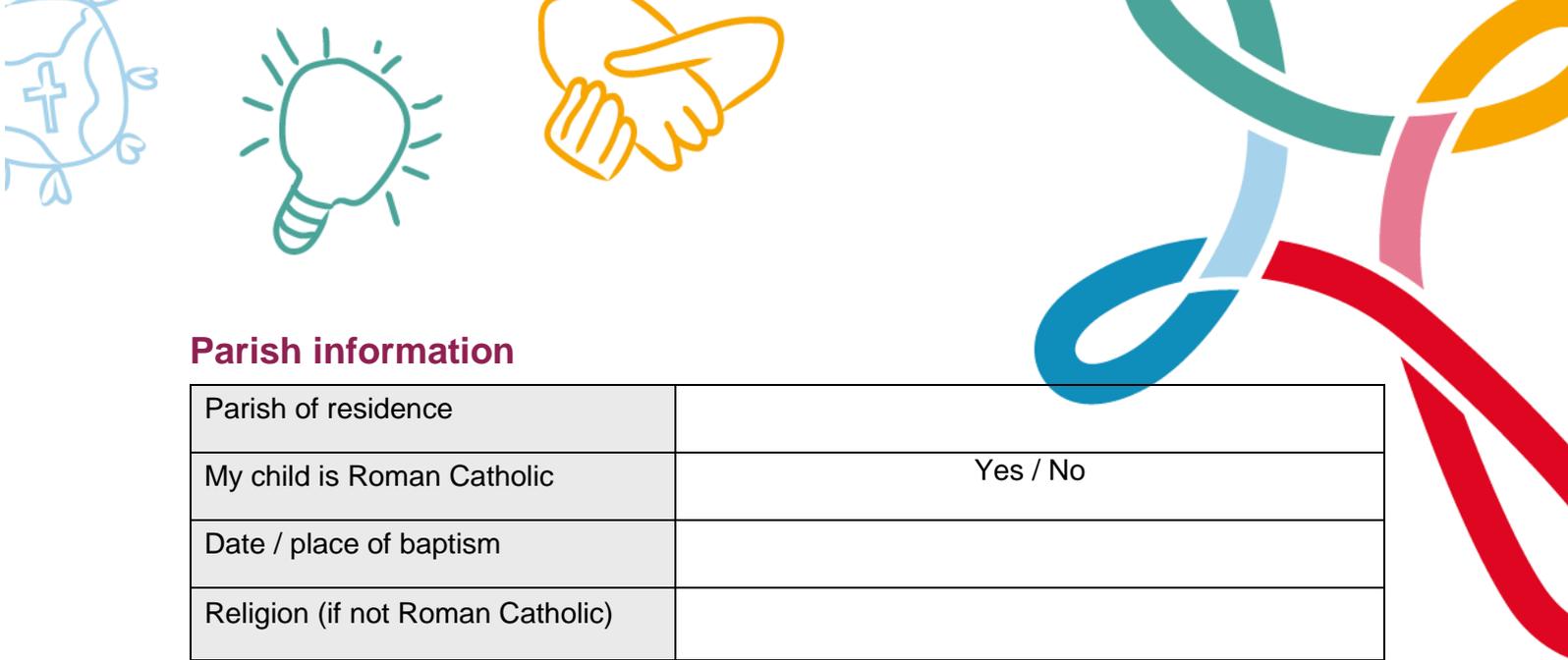
Please visit the website below to see if you are eligible and apply:

https://www.manchester.gov.uk/info/500186/education_benefits/7355/free_school_meals

Your child may qualify for additional funding in school if you have any of these incomes:

- Income Support
- Income-based Jobseeker’s Allowance
- Income-related Employment and Support Allowance
- The guaranteed part of Pension Credit
- Child Tax Credit (as long as your annual gross income is £16,190 or less and you don’t get Working Tax Credit)
- Working Tax Credit run-off after you come off Working Tax Credit
- Universal Credit that you applied for on, or after, 1 April 2018. As long as your household income is less than £7,400 a year after tax, not including any benefits

Please speak to our school office if you require any support in applying – we are happy to help.



Parish information

Parish of residence	
My child is Roman Catholic	Yes / No
Date / place of baptism	
Religion (if not Roman Catholic)	

Family Information

Name of older brothers / sisters in school (if relevant)	
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Spoken Languages

Language(s) spoken in the home	
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Is English an additional language? (This means the first language that is used regularly at home is not English)	Yes / No
--	----------

Please specify your nationality (tick to indicate)

<input type="checkbox"/>	African Asian	<input type="checkbox"/>	Gypsy / Roma	<input type="checkbox"/>	Other Pakistani	<input type="checkbox"/>	White Irish
<input type="checkbox"/>	Arab	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Iranian	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	Black: Nigerian	<input type="checkbox"/>	Mirpuri Pakistani	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	Black: Somali	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	White European
<input type="checkbox"/>	Black: Caribbean	<input type="checkbox"/>	Other Black African	<input type="checkbox"/>	White British	<input type="checkbox"/>	White Western European
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Black Background				



Declaration

I certify that all of the above information is correct

Signed..... (parent/carer)

Date.....





Additional Information

Please provide additional details to support any of the questions in this form where necessary.

<p>Does your child have any specific medical conditions? (please provide full details)</p>	
<p>Does your child have any additional needs? (please provide full details)</p>	
<p>Are there any other healthcare professionals involved with your child? (please provide full details)</p>	
<p>Does your child have any allergies? (please provide full details of the allergy, including any potential reactions & procedures to follow)</p>	



Office use:

Baptism certificate Birth certificate Council tax

Category	
On SIMS	
On School Grid	
On School Spider	
Year Group	
Docs scanned date	
Date form submitted	