



APPLICATION FORM – RECEPTION

PLEASE FILL OUT THIS FORM IN BLOCK CAPITALS

DATE OF DESIRED ENTRY:	
Details of Prospective Pupil	
Surname:	Child's Date of Birth:
Child's First name: (English)	(Hebrew)
Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Nationality:
Address:	Age of child on entry: Years__months__
Postcode:	
Home Telephone Number:	
Current Nursery:	
Date of admission:	
Address of current Nursery:	
Other schools applied for:	
Details of Parent(s)	
Father's Details:	
Full name:	Occupation:
Home Address (if different):	
Work Number:	Mobile Number:
Email:	
Mother's Details:	
Full Name:	Occupation:
Home Address (if different):	
Work Number:	Mobile Number:
Email:	Maiden Name:
Parents marital status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	
(If divorced please give details of custody of child)	
Synagogue where parents were married:	Date:
Current Affiliated Synagogue:	
Name and Telephone number of Rabbi:	



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Names of Siblings

Date of Birth

Schools attended/Attending
(if applicable)

Health

Name, Address and Telephone Number of Family Doctor:

Does your child suffer from any medical condition that we should know about:

Has your child ever received specialist support/intervention either through a medical referral or from the SEND department in their current setting/school? If yes please give details and copies of most recent specialist reports, if appropriate:

Languages

Languages other than English spoken at home:

If English is not your child's first language, does your child:

Understand English Yes No

Speak English Yes No

Additional comments:

Emergency Contact

If we need to contact somebody during the day and there is nobody at the address overleaf, please provide names and telephone numbers of where we would be able to reach parents or other carers (e.g. relative or minder).

Contact Name/Relationship

Telephone No.

Alternative Tel No. (mobile)



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Reference 1: Name: _____

Tel: _____

Reference 2: Name: _____

Tel: _____

I/we apply for admissions of my child to Nancy Reuben Primary School.
I/we being the parent(s)/guardian(s) of the above named child, hereby request that there may be provided for him/her Religious Instruction in the Orthodox Jewish Faith.

On the admission of my child to the school, I undertake:

1. To pay the school fees per term as set out hereunder in full before the commencement of each term. N.B. the school does accept and will arrange for the payment of a year's fees by bank standing order or direct over a period of 10 months. No discount is allowed on such payments. If you wish to participate in this arrangement please contact the bursar in order to set up these arrangements.
2. **I/we understand that all school fees are due and payable before or on the first day of each term. In the event of wishing to withdraw our child from the school, we agree to give at least a FULL term's notice in advance in writing to the Head Teacher. Failing this, we understand that we will be liable for payment of the following term's fees.**
3. On acceptance of a place, an Acceptance Fee of £650 will be payable representing a non-refundable payment against the final term's fees in Year 6.

Signature of Father/Guardian: _____ **Date:** _____

Signature of Mother/Guardian: _____ **Date:** _____

(Please note form must be signed by both parents/carers)

Documents required to be sent to Nancy Reuben Primary School:

1. A copy of your child's birth certificate
2. A copy of parents Ketubah
3. A copy of a recent family photograph
4. Past school reports (if available)

Please note that incomplete application forms may result in your application being processed late.

For Office Use Only:

Date Received: _____

Registration Fee: _____

Date of Interview: _____

Offer Made: _____

Offer Accepted: _____

Acceptance Fee Received: _____

**PLEASE SEND COMPLETED APPLICATION FORMS TO THE SCHOOL OFFICE OR
EMAIL IT TO admissions@nrps.co.uk**