



# APPLICATION FOR A PLACE AT ANDERTON PARK PRIMARY SCHOOL:

## Nursery - Year 6



**Applicant:** Please fill form and return it to school office with evidence of address (latest utility bill, e.g. gas, water, electricity) and child's birth certificate, passport OR Medical Card. You will then be contacted when a space is available for your child.

CHILD'S FIRST NAME Male / Female		Language spoken:
CALLED NAME (IF DIFFERENT FROM FIRST NAME)		Middle name:
SURNAME		Date of Birth:
ADDRESS (including Postcode)		
LANDLINE TELEPHONE		Country of Birth:
HOME TELEPHONE		
FATHERS NAME AND DATE OF BIRTH		Language spoken: <i>If you need a translator, please bring someone with you to the meeting if you can.</i>
FATHER'S NATIONAL INSURANCE NUMBER (or National Asylum Support Service NASS reference no.)		
FATHER'S ADDRESS (If different from above)		
FATHER'S WORK PHONE		
FATHER'S MOBILE PHONE AND E-MAIL ADDRESS		
MOTHER'S NAME AND DATE OF BIRTH		Language spoken: <i>If you need a translator, please bring someone with you to the meeting if you can.</i>
MOTHER'S NATIONAL INSURANCE NUMBER (or National Asylum Support Service NASS ref no.)		
MOTHER'S ADDRESS (If different from above)		
MOTHER'S WORK PHONE		
MOTHER'S MOBILE PHONE AND E-MAIL ADDRESS		
WHO CAN WE CALL IN AN EMERGENCY	1. Name: Relation to Child: Contact number:	
	2. Name: Relation to Child: Contact number:	
DOCTOR (NAME AND ADDRESS OF SURGERY)		
PREVIOUS SCHOOL (Are they still attending?)		
NAMES AND DATES OF BIRTHS OF SIBLINGS ALREADY ATTENDING APPS		
School will check my eligibility for Free School Meals. All the information that I have provided is correct. I look forward to working with Anderton Park School to help my child make great progress during their time here.		
SIGNED _____ DATE _____		
<b>NEXT PART FOR OFFICE USE ONLY</b>		
ADDRESS VERIFIED Y/N	DOCUMENT INSPECTED:	
DATE OF BIRTH VERIFIED Y/N	DOCUMENT INSPECTED:	
DATE OF APPLICATION		
ANY OTHER INFORMATION		