

New Delaval Primary School

Application Form

Nursery Year 1-Year 6



New Delaval Primary School Early Years/KS1 and KS2 Admission Form



New Delaval Primary School - Admission Form

1. CHILD'S DETAILS

| Child's Surname |
|---|
| Child's First names(s) |
| Chosen Name/Known as name |
| Address |
| Postcode |
| Date of birthGender (M/F) |
| Name of previous school/Playgroup/Nursery |
| Attended fromDate left |
| Reason for Leaving |

2. PARENT/GUARDIAN DETAILS

Please give details of all persons who have parental responsibility and place them in order you wish them to be contacted in an emergency. *Delete as appropriate

| 1 st Contact | |
|--------------------------------------|---------|
| | |
| Name | |
| | |
| Relationship | |
| | |
| Occupation | |
| | |
| Mobile number | |
| | |
| Home address is different from above | |
| | |
| Home telephone number | |
| | |
| Parental responsibility | Yes/No* |





2nd CONTACT

| Name | |
|--------------------------------------|---------|
| Relationship | |
| Occupation | |
| Mobile number | |
| Home address if different from above | |
| Home telephone number | |
| Parental responsibility | Yes/No* |

3rd CONTACT

| Name | |
|--------------------------------------|---------|
| Relationship | |
| Occupation | |
| Mobile number | |
| Home address if different from above | |
| Home telephone number | |
| Parental responsibility | Yes/No* |

4th CONTACT

| Name | |
|--------------------------------------|---------|
| Relationship | |
| Occupation | |
| Mobile number | |
| Home address if different from above | |
| Home telephone number | |
| Parental responsibility | Yes/No* |





3. ADDITIONAL DETAILS - SIBLINGS AT SCHOOL

If your child has a sibling attending New Delaval Primary School, please give details below. *Please note a sibling is defined as a child of the family, sharing a parent by birth or adoption or living at the same address at the time of the application.*

Sibling's Full Name and Date of Birth

Sibling's Full Name and Date of Birth

4. MEDICAL DETAILS

Name of DoctorTelephone Number.....

Name and Address of Surgery

.....

Important-Please give details below of any medical conditions

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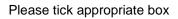
.....

Name and Address of Surgery.....

.....

5. TRAVEL AND MEAL ARRANGEMENTS/DIETARY NEEDS

Travel Meal Dietary Bicycle Free School Meal None Artificial Colouring Allergy Car Home Public Transport No Diary Produce School Meal Walk Packed Lunch Gluten Free Taxi Other Kosher Foods Only No Nuts Of Any Type Other No Pork Ramadan Seafood Allergy Vegetarian







6. CULTURAL INFORMATION

Please study the list below and tick one box only to indicate the ethnic background of your child.

| White- British/European | | Black – Caribbean heritage | |
|--------------------------|---|----------------------------|--|
| Black – African Heritage | | Black - other | |
| Indian | | Pakistani | |
| Bangladeshi | | Chinese | |
| Any other minority group | | | |
| (please specify) | | | |
| | | | |
| Signed Parent/Guardiar | ۱ | | |

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For School Use Only

| UPN | Admission Date | Initials and Date |
|-----|----------------|--------------------|
| | | |
| | | |
| | UPN | UPN Admission Date |



