

St Mary's Lewisham CE Primary School

Headteacher: Ms Christine Bernard

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"St Mary's is a good school" - Ofsted July 2016

In Year Admission Form

CHILD'S DETAILS

First name	<input type="text"/>		Surname	<input type="text"/>		
Date of Birth	<input type="text"/>		Male/Female	<input type="text"/>		
Previous school history	School name and address (include country if outside UK)			Date when child started at school		Date last attended
	1)					
	2)					
	3)					
Year Group	<i>Please tick which year group you are applying for</i>					
	Reception	Year 1	Year 2	Year 3	Year 4	Year 5
Does your child have an EHCP of Special Educational Needs? Yes <input type="checkbox"/> No <input type="checkbox"/> Is your child in public care? Yes <input type="checkbox"/> No <input type="checkbox"/> Is your child subject to a residence or special guardianship order? Yes <input type="checkbox"/> No <input type="checkbox"/> Is your child a Looked After Child or Adopted? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If you answered yes to any of the above, more information will be required - including full details of social workers and/or a copy of the guardianship order.</i>						
Reason for application (Please tick one of the following)	I am moving into Lewisham from another London borough Yes <input type="checkbox"/> No <input type="checkbox"/>					
	I am moving into Lewisham from elsewhere in the UK Yes <input type="checkbox"/> No <input type="checkbox"/>					
	The child has arrived from abroad: Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Country arrived from: _____ Date: _____					
	Country of origin (if different): _____					
	Country which has issued your child's passport: _____					
Does your child speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If no, please state the language that they speak: _____						
I wish to transfer my child from their current school in Lewisham Yes <input type="checkbox"/> No <input type="checkbox"/>						
Please add any further details as to why you are applying to change your child's school:						

FAMILY DETAILS

Siblings (separate form required for each child's application)	Sibling			
	1	Full name & Date of Birth		
		Current School		
	2	Full name & Date of Birth		
		Current School		
	3	Full name & Date of Birth		
	Current School			
Details of Parent(s) or Carer(s) with whom the child lives	Title (please circle) Mr Mrs Miss Ms		Title (please circle) Mr Mrs Miss Ms	
	Surname		Surname	
	Forename		Forename	
	Relationship to child		Relationship to child	
	Home telephone		Home telephone	
	Work telephone		Work telephone	
	Mobile telephone		Mobile telephone	
Home address (this must be the full address, where the child lives and where child benefit is paid)	First line of address:			
	Town / City:			
	Post code:			

I have attached and completed:	(Please tick accordingly)	FOR OFFICE USE ONLY	
Headteacher declaration completed		Checked	
I have completed all sections of the form		Checked	
I am applying for a foundation (Church) place and I have attached a supplementary information form to support my application		Checked	
If my child has special educational needs, a statement or an Education Health Care Plan I have provided the relevant information		Checked	
Copy of child's full birth certificate		Checked	
Copy of Parent /Carer's passport (who has responsibility for the child)		Checked	
Copy of Council Tax bill		Checked	
Copy of recent (3 months) utility bill		Checked	
Declaration and signature of parent / carer		Signature:	
<i>I certify that I have parental responsibility for the child named on this form, and that the information is true to the best of my knowledge. I understand and accept that if I have given false or deliberately misleading information on this form and / or any attached supporting papers or withheld any relevant information, the offer of the school place may be withdrawn.</i>		Date:	
Signature: _____ Date: _____		Please print name	
Relationship to child: _____			
Please print name _____			

When completed, this form should be returned in person to St Mary's CE Primary School - alongside all documentation required. We look forward to meeting you.

MUST BE COMPLETED BY THE CHILD'S CURRENT OR MOST RECENT HEADTEACHER

Pupil name: _____ Date of Birth _____

Date on school roll: _____ Date removed from school roll: * _____

** If the child has been removed from your roll, please provide details of the reason for leaving*

Were you aware that the parent or carer has requested to transfer their child to another school? **Yes No**

If yes, please confirm that you have discussed this request with the parent and the reason given. **Yes No**

Please provide details of the reason for the transfer request, including any details of what support the school has given to the child / parent to resolve any problems that this child is experiencing at your school:

Student's punctuality a) good b) cause for concern
If (b) explain what action has been taken:

Additional education needs:

SEN/AEN Register: **Yes / No**

School Action Plus: **Yes / No**

School Action (SA): **Yes / No**

EHCP / Statement: **Yes / No**

Please indicate whether any of the following agencies are involved with the child

(Please tick accordingly)		Contact name and telephone number
Behaviour Support / PRU		
Child and Adolescent, Mental Health (CAMHS)		
Counselling		
Educational Psychology		
Attendance Inclusion and Welfare		
Youth Offending Services (YOS)		
Other		

Please provide further details of any interventions if indicated above (use separate sheet if required):

Number of fixed term exclusions _____ (please attach a record of the child's exclusion history)

Has the child been permanently excluded from this or any previous school? **Yes / No**

(If yes please provide further details)

Name:	Signature:	School Stamp
Position within school:		
Name of school:		
Telephone number:		