



ST JOHN'S CE PRIMARY SCHOOL
THEOBALDS PARK ROAD, ENFIELD, MIDDLESEX EN2 9BD

ADMISSION FORM- STRICTLY CONFIDENTIAL

The Governors and Head Teacher of St John's CE Primary School are registered as Data Users under the terms of the Data Protection Act.

FOR OFFICE USE ONLY: ROLL NO: _____ ADMISSION DATE: _____ CLASS: _____

BIRTH CERTIFICATE SEEN _____ PROOF OF ADDRESS SEEN _____ ETHNIC MONITORING FORM REC'D _____

PARENTS ARE ASKED TO COMPLETE BOTH SIDES OF THE FORM BLOCK CAPITALS. PLEASE PRINT CLEARLY.

Forenames: _____ Surname: _____

Known Name: _____ Date of Birth: _____

Gender: Male / Female Place of Birth: _____

Address: _____

Borough: _____

Home Phone No: _____

Postcode: _____ Mobile Phone No: _____

Email Address for receiving school emails: _____

Mother's First Name: _____ Mother's Surname: _____

Father's First Name: _____ Father's Surname: _____

To whom should the correspondence be addressed: _____

Doctors Name: _____ Surgery Address: _____

Telephone Number: _____

Any medical conditions of which the school should be aware: _____

Emergency Contacts: *Please give as many contacts as possible, e.g. parents' work details, child minder, grandparents, aunts, uncles, friends, neighbours, etc.*

Mother's work: _____ Hours: _____

Telephone: _____ Mobile: _____ Address: _____

Father's work: _____ Hours: _____

Telephone: _____ Mobile: _____ Address: _____

Contact: _____ Relationship: _____ Telephone: _____

Mobile: _____ Address: _____

Contact: _____ Relationship: _____ Telephone: _____

Mobile: _____ Address: _____

Previous playschool/nurseries/school which your child attended: _____

Child's Ethnic Origin: _____

Number of children in family: _____ Position of child in family: (e.g. 1st, 2nd etc.) _____

Names and dates of birth of brothers/sisters in school: _____

Names and dates of birth of other brothers/sister: _____

Usual mode of transport to and from school: _____

Child's Special Educational Needs/ Other relevant information: _____

Home Reading Scheme- I wish for my child to be involved in the Home Reading Scheme and undertake to return all books or other reading apparatus on the appropriate days. I also agree to keep books carefully and safely. I understand that there is a charge for lost or damaged books (currently £3) and agree to pay this.

Education Day Visits- I give permission for my child to take part in occasional off-site educational visits arranged by the School for which a voluntary contribution may be required.

Educational Visits in the Local Area- I give permission for my child to be taken on visits in the local area on foot, i.e. St John's Church and Hilly Fields etc, as they occur. The children will always be under adult supervision according to the London Borough of Enfield's Guidelines

Medical- In the event of my child requiring hospital treatment and the School not be able to contact me, I understand an ambulance may be called or my child taken to hospital, accompanied by a member of staff, and give permission for such treatment as the hospital thinks necessary to be carried out in my absence.

Acceptance of Place- I accept the place offered for my child to be admitted to St John's CE Primary School under the conditions stated below:

- to my child's attendance at Church Services held by the School.
- to upholding and supporting school policies on behaviour and discipline and school uniform.
- to contributing to the School Maintenance Fund (currently £ annually, per child towards the upkeep and maintenance of the school building).

Signature of Parent/Guardian.....

Date.....