**ADMISSION APPLICATION FORM**

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| **DETAILS OF CHILD – PLEASE PRINT IN BLOCK CAPITALS** | | | | | |
| Legal Surname: | | | Preferred Surname *(if different to legal name):* | | |
| Legal Forename(s): | | | Preferred Forename *(if different to legal forename):* | | |
| Date of Birth: | | | Male / Female *(Please indicate)* | | |
| Address: | | | | | |
| Home E-mail address: | | Home Phone Number: | | Mobile Phone Number: | |
| Current School and Year Group: | | | | | |
| Does your child have a Statement of special educational needs (SEN)? **Yes / No** | SEN – School Action?  **Yes / No** | | SEN – School Action Plus?  **Yes / No** | | SEN – Statement?  **Yes / No** |
| Is the child a ‘Looked After Child’ by a Local Authority? **Yes / No**  (including a previously Looked After Child) | | | | | |
| If yes, Looked After – Name of Local Authority: | | | | | |
| Name(s) of brother(s) / sister(s) at Ysgol Bryn Elian: | | | | | |
| Name(s) of Parent(s) / Guardian(s) with parental responsibility: | | | | | |
| Names of adults with whom the child lives: | | | | | |
| Relationship to the child: | | | | | |
| ***Emergency Contacts:***  *These are very important to us. If your child becomes ill during the day, we need to be able to contact you or someone acting for you, who is able to collect your child. Please give two emergency contact numbers. We suggest the telephone numbers of any place of work, and one other emergency contact, perhaps a grandparent if they live close by. If you have no relatives in the area, then ask a friend or neighbour or child minder if they would be willing to act as an emergency contact. Very occasionally, a child needs urgent medical treatment and then it is essential that we, or the hospital, are able to get in touch with you. It would also help if you indicate any medical conditions your child has which you feel the school should be aware of.* | | | | | |
| Name: | | | | | |
| Relationship to the child: | | | | | |
| Telephone Number: | | | | | |
| Mobile Number and Email address: | | | | | |
| Name and address of GP:  GP Surgery phone number and Email address: | | | | | |
| Medical Condition of Your Child *(including details of regular medication and dietary requirements*): | | | | | |
| **Declaration:**  I / We wish my / our child to be admitted to Ysgol Bryn Elian.  I / We understand that transport is a matter for the local authority provision.  I / We declare that this is the only statement of preference I / we have made in respect of the above child.  **Signature of parent / guardian with parental responsibility** *(applications cannot be accepted without the signature of a person with parental responsibility):*  ………………………………………………………………………………………………………………………………………………………………………… | | | | | |
| Date: | | | | | |
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***Important: Please keep us informed of any changes to your contact details***

***This form should be returned to the Headteacher’s PA, Ysgol Bryn Elian***