The Palmer Academy

**Application for Enrolment Confirmation**

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| **Surname:** | **D.O.B.** |  |
| **Fornames:** | **Boy/Girl** |  |
| **Address:**  **Postcode:** | **Visitor to U.K./asylum seeker YES / NO** | |
| **Documentation seen:**  **Birth Certificate / Passport**  **Date documentation seen:** | |
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| --- | --- | --- | --- |
| **Name of Mother** |  | **Mobile Number** |  |
| **Name of Father** |  | **Mobile Number** |  |
| **Married / Single** |  | | |
| **Address if different:** | | | |

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| --- | --- |
| **Home Number** |  |
| **Work Place Number** |  |
| **Emergency Contact Name (relationship to child)** |  |
| **Emergency Contact Number** |  |

I agree to allow my child to be photographed at school YES / NO

I agree to allow my child to go on outings with qualified staff YES / NO

I agree to notify the school of any changes eg. Address, telephone numbers etc.

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| ***Signature*** |  |
| ***Print Name*** |  |

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| **Previous school address**: |  |

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| --- | --- | --- |
| **School offer date** | **School start date** | **Offer accepted** |
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| --- | --- |
| **Year** |  |
| **Class** |  |

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| --- | --- | --- | --- |
| **Eligibility for free meals YES / NO** | **N.I Number** |  | |
| **Date Proof obtained:** | **Date of birth of claimant:** | |  |

Other Information

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| **Ethnicity :** | **Languages :** |
| **Religion :** |  |

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| --- | --- |
| **Doctor :** | **Allergies:** |
| **Asthma: YES / NO** | **Glasses: YES / NO** |
| **Eczema: YES / NO** | **Left / Right handed:** |

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| **Medication Required at School:** |

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| **Any Diet Restrictions:** |

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| **Other Medical Conditions:** |

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| **Social Worker** | **YES / NO** |

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| **Brothers or Sisters at The Palmer Academy:** |
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