

# APPLICATION FORM

# VAUXHALL OR WYVIL PRIMARY SCHOOL

Email: [mmcleod@wyvil.org.uk](mailto:mmcleod@wyvil.org.uk) Tel: 020 7622 1164

Strictly private and confidential

Please return this application form with the following documents:

**Full Birth Certificate**

**Proof of address**

(2 documents) Current Council Tax Bill, Tenancy Agreement, Child Tax Credit/Benefit letter. We will also need to see your Childs Red Health Book

Please tick preferred school:



**VAUXHAL**



**WYVIL**

No application will be processed until all the above documents are received

Please indicate what school year you are applying for

2 Year Old | NURSERY | RECEPTION | Y1 | Y2 | Y3 | Y4 | Y5 | Y6

Child's Forename(s)

Child's Surname

Chosen Name

Religion

Date of birth:

D	D	M	M	Y	Y
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Place of birth: (Town and Country)

Date of Entry in the UK:

Nationality:

Gender

Male	Female
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Child's Home Address:

Address: \_\_\_\_\_  
 \_\_\_\_\_

Post Code: \_\_\_\_\_

Borough: \_\_\_\_\_

For official use only:

Received:				Ref No		
Birth Certificate:	Y	N	Proof of address:	Y	N	
Place offered:	D	M	Y	Place accepted	Y	N
Starting Date:	D	M	Y	Class:		
Birth Certificate/ Passport seen by						
Dinners	Free	Paid	Packed	Home		
Copy of income support						

Parent 1 / details or person with parental responsibility

Title	Name	Surname

Relationship to child:

National Insurance No: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: (If different from child's)  
 \_\_\_\_\_

Post Code: \_\_\_\_\_ Country of origin: \_\_\_\_\_

Mobile phone number \_\_\_\_\_ Home telephone number \_\_\_\_\_

e-mail: \_\_\_\_\_

Parent 2 / details or person with parental responsibility

Title	Name	Surname

Relationship to child:

National Insurance No: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: (If different from child's)  
 \_\_\_\_\_

Post Code: \_\_\_\_\_ Country of origin: \_\_\_\_\_

Mobile phone number \_\_\_\_\_ Home telephone number \_\_\_\_\_

e-mail: \_\_\_\_\_

If the child is not living with either parent, please give details:

Full name of carer:	
Mobile phone number:	
Relationship to child:	

PREVIOUS SCHOOLS/NURSERY (Including those outside the UK):

Name	Address	Length of stay	Reason for leaving
		From _____ to _____	
		From _____ to _____	

Any special circumstances?

Does your child attend a class outside school?	Y	N	<b>Special Needs and/or Medical Needs</b>		
			Does your child have any special needs? (e.g. Hearing, sight, speech, allergies, hospital visits, medical history, etc.)	Y	N
If YES, give details:			If YES, please give details:		

### Family Background

Are there other children in the family attending Vauxhall or Wyvil?	Y	N
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Sibling(s) full name(s)	Age(s)	M/F

Family Doctor name:	Does your child receive support from outside agencies? Including Health and Social Services. Please give the <u>name, address and telephone number</u> :
Address:	
Telephone Number:	

### Child's ethnic background

Lambeth requires this additional information for monitoring purposes. Please tick as appropriate

<b>White</b> <ul style="list-style-type: none"> <li>British (English/Scottish/Welsh)</li> <li>Irish</li> <li>Greek/Greek Cypriot</li> <li>Turkish/Turkish Cypriot</li> <li>Portuguese</li> <li>Any other White background_____</li> </ul>	<b>Asian or Asian British</b> <ul style="list-style-type: none"> <li>Indian</li> <li>Pakistani</li> <li>Bangladeshi</li> <li>Any other Asian backgrounds_____</li> </ul>	<b>Mixed:</b> <ul style="list-style-type: none"> <li>White and Black Caribbean</li> <li>White and Black African</li> <li>White and Asian</li> <li>Any other Mixed backgrounds_____</li> </ul>	<b>Black or Black British</b> <ul style="list-style-type: none"> <li>Caribbean</li> <li>African</li> <li>Any other Black Backgrounds_____</li> </ul> <b>Any other ethnic backgrounds</b> <ul style="list-style-type: none"> <li>Vietnamese</li> <li>Chinese</li> <li>Any other ethnic group_____</li> </ul>
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### Home languages

Does your child speak/understand any languages, other than English?	Y	N	If so give details below:		
Language	Speaks	Writes	Reads	Understands	Who does s/he speak it to (e.g. father, mother, siblings, grandparents, others)?

### In which language(s) should the school communicate with the family, if possible?

During interviews/meetings/medicals, is an interpreter needed?	Y	N	If so, are you able to provide someone?	Y	N
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### Consent Tick to indicate consent

- MEDICAL** I give permission for the above-named child to be seen by the School Nurse/Doctor for standard health checks (height, weight, eyes, etc)
- PUBLICITY** I give permission for the above-named child to be photographed or filmed for school publicity, school website, blogging, twitter, brochures, newspapers, media reporting, assessments, Interactive Learning Diary (EYFS).
- OUTINGS** I give permission for the above-named child to make attend all Educational Visits organised by the school.
- DATA PROTECTION\*** I give permission for the school to share my contact details and all data contained within this form with other Agencies as and when required by FSM Headteacher if you would like to withdraw consent at any time
- CHECK** I agree that you will use the information that I have provided to process my claim and/or on-going entitlement to free school lunches.

**TEXT PREFERENCE** Parent 1/ Parent 2/ Carer. The school may use your contact details contained in this form to contact you in regards to school related matters

**Parent/Carer/Responsible Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Please note that even when you have not given consent, the data in this form may have to be shared by the school with a relevant agency, for example, a Local Authority, in situations where that agency may be investigating safeguarding, child welfare or criminal matters.