

Kensington Avenue Primary School – Admission Form



Child's Surname:		Child's Forename:	
D.O.B:	Gender: Male / Female	Birthplace:	
Address:			
Postcode:		Home telephone number:	

1st Priority Contact

Surname:	Forename:	Title:
Relationship to child:		Parental responsibility:
Mobile number:		Work number:

2nd Priority Contact

Surname:	Forename:	Title:
Relationship to child:		Parental responsibility:
Mobile number:		Work number:

Details of brothers/ sisters living at home

Name	M / F	DOB	School (if applicable)

Other Emergency contacts

Emergency Contact Name	Relation to child	Contact Number

General Information

Lunch time arrangements	School meal		Packed lunch	
Is your child eligible for Free School meals?	Yes		No	
Is your child a vegetarian?	Yes		No	
Are there any foods your child must not eat?				
How will your child travel to school?				

Medical Information

GP Name and Address	
Phone number	
Any medical information the school needs to know	(e.g. asthma/eczema/ allergies)

Parent/Carer Signature

Parent / Carer signature		
Name in BLOCK capitals		
Email		Date

Consent for use of photographs

I am happy for my child to have their photograph taken	
Parent / Carer signature	
I agree to the use of my child's photograph to be used (please tick)	
Internally	For the website & publications

For Office Use Only

Birth Certificate seen: Yes / No	UPN Number:
Passport seen: Yes / No	Looked After Child? Yes / No
Proof of address Yes / No	Files requested? Yes / No