



SUPPLEMENTARY FORM FOR ADMISSIONS
Kensington Avenue Primary School
Kensington Avenue, Thornton Heath, CR7 8BT
TEL: 0208 764 2923
Head Teacher: Ms Clare Cranham

CHILD'S DETAILS (EXACTLY AS ON BIRTH CERTIFICATE):

SURNAME:	FORENAME :
DATE OF BIRTH:	GENDER: M/F
ADDRESS WHERE CHILD IS LIVING: POSTCODE :	MAIN CONTACT TELEPHONE NO:

PARENT/CARER'S DETAILS

Relationship to Child: Parental Responsibility: Yes/No	Relationship to Child: Parental Responsibility : Yes/No
MR/MRS/MS/MISS Other:	MR/MRS/MS/MISS Other:
SURNAME:	SURNAME:
FIRST NAME:	FIRST NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
EMAIL ADDRESS:	EMAIL ADDRESS:
HOME TELEPHONE NUMBER:	HOME TELEPHONE NUMBER:
MOBILE NUMBER:	MOBILE NUMBER :

KENISNGTON AVENUE PRIMARY SCHOOL

EMERGENCY CONTACT INFORMATION FOR PUPIL (Not Parents)

<u>Emergency Contact 1</u> MR/MRS/MISS/MS	<u>Emergency Contact 2</u> MR/MRS/MISS/MS
First Name:	First Name:
Surname:	Surname:
Contact Number:	Contact Number:
Relationship to Pupil:	Relationship to Pupil:

DIETARY AND MEDICAL INFORMATION

<u>Any Dietary, Allergy or Medical Needs:</u>
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<u>Medical Practice Name and Address:</u> 	<u>Telephone Number:</u>
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Please List Below all Schools/Nurseries previously attended by your child starting with their current school

Has your child come from abroad: YES/NO

If Yes, from where and when: _____

PLEASE LIST ALL SCHOOLS/NURSERIES ATTENDED IN THE UK/ABROAD (if applicable).

NAME, ADDRESS AND TELEPHONE NUMBER OF SCHOOL OR NURSERY	Start Date	End Date	Reason for Leaving

ANY SIBLINGS ATTENDING KAPS	CLASS NAME

Any Special Educational Needs (Speech and Language Included):

Parent/Guardian Signature: _____

Date: _____

CHILD'S ETHNICITY (PLEASE TICK THE RELEVANT BOX)

Black African		Black Caribbean		Black Other		Any other Mixed	
White British		White European		White Other		Any Other Asian	
Chinese		Indian		Pakistan		Refused	

English as an additional language: YES/NO

Home Language	Speaks	Reads	Writes

Is an interpreter needed to communicate: YES/NO

CHILD'S RELIGION: _____

Refugee (Please state the country from which you are a refugee)	
Asylum Seeker (Please state the country from which you are a Asylum Seeker)	

For Office Use ONLY

Birth Certificate Seen: Yes/No	UPN Number:
Passport Seen: Yes/No	Looked After Child? Yes/No
Proof of Address Seen: Yes/No	Files Requested? Yes/No