Bournville School Primary – 2020/2021



Please note you need to submit proof of address e.g. Council Tax bill, electric bill etc. Proof of your child's date of birth e.g. birth certificate or current passport with this application form. Incomplete forms will not be processed and will be returned.

Child's Full Name			Preferred Name	
Gender			Date of Birth	
Nationality			Religion	
Languages Spoken				
Name of Current/ Previous				
School/ Reason for				
Leaving Siblings	Name		Age	School
	Name	Name		School
	Name		Age Age	School
Home Address	Trum's		, .ge	
Postcode			lephone Numbe	er:
Details of People Who Have	Parental Responsibility	for the C	hild	
1. Name and Title				
Address:				
Postcode:				
Phone Number/s				
National Insurance		Re	lationship to ch	ild
Number Email:				
Email:				
2. Name and Title				
Address:				
Postcode:				
Phone Number/s				
National Insurance		Re	lationship to ch	ild
Number				
Email:				
Children from overseas:		Nation	ality	
Country of origin:		Transmy		
a com, or original				
Date of arrival in the UK:		Is the child a refugee? Yes/No		
Which Language(s) does the child speak?		If English is spoken, state level (Beginner, good etc)		





Name and address of GP Surgery:				
Lunchtime arrangements:	School Meal:	Packed Lunch:		
Medication Required in School:	Yes/No	Details:		
Does the child have any health/medical conditions?				
Would your child use a Breakfast Club place?		Yes:		
		No:		
State the days a place would	be required			
Would your child use an After School Club place?		Yes:		
		No:		
State the days a place would	be required			

Educational Visits:

I agree to my child taking part in educational visits organised by Bournville School Primary Provision subject to the following conditions:

- That I am asked for specific permission for any visits outside the local area and I am made aware of relevant details.
- That I agree to my child receiving medical attention if necessary, including surgical treatment and anaesthetic in an emergency if advised by a doctor.
- That children are accompanied by suitably qualified and experienced staff who have been DBS checked
- I will support the school with financial assistance to enable my child to attend any educational visits.

I acknowledge the need for responsible behaviour by my child and recognize that he/she may be withdrawn from visits/activities if their behaviour threatens their safety or that of others.

Signature:	Parent/Carer	Date:

School Photographs

I agree to my child having their photograph taken by Bournville School Primary Provision subject to the following conditions:

- That they are only used in the school environment including the website and in their personal learning journeys.
- That I am asked for specific permission if the photographs are to be used for publication outside of school.

Signature:	Parent/Carer	Date: