

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	Age	School
	Name	Age	School
Home Address			
Postcode		Telephone Number:	
Details of People Who Have Parental Responsibility for the Child			
1. Name and Title			
Address:			
Postcode:			
Phone Number/s			
National Insurance Number		Relationship to child	
Email:			
2. Name and Title			
Address:			
Postcode:			
Phone Number/s			
National Insurance Number		Relationship to child	
Email:			
Children from overseas: Country of origin:		Nationality	
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)	
Please give details of any Special Educational Needs that have been identified for your child			
Has your child ever been suspended or had an OSD move from any school? YES / NO Does your child have challenging behaviour? YES/NO			

<p>If yes, please give dates of suspensions and/or permanent exclusions and/or OSD move: If yes, please give any details of challenging behaviour:</p>			
<p>Name and address of GP Surgery:</p>			
<p>Lunchtime arrangements:</p>	<p>School Meal:</p>		<p>Packed Lunch:</p>
<p>Medication Required in School:</p>	<p>Yes/No</p>	<p>Details:</p>	
<p>Does the child have any health/medical conditions?</p>			
<p>Would your child use a Breakfast Club place?</p>		<p>Yes:</p>	
		<p>No:</p>	
<p>State the days a place would be required</p>			
<p>Would your child use an After School Club place?</p>		<p>Yes:</p>	
		<p>No:</p>	
<p>State the days a place would be required</p>			

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 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.
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Signature:Parent/Carer Date: