

ADMISSION TO HOLLICKWOOD FOUNDATION SCHOOL	CHILD'S NAME
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An individual form must be completed for every child wishing to enter this school and those who may have older brothers/sisters in the school. You must not assume that a place has been reserved for your child because you have completed this form.

PLEASE COMPLETE IN BLOCK LETTERS USING BLACK INK.

Please note you will be required to provide proof of your address to the school, this could be either (i) two utilities bills or (ii) registration for council tax and one utility bill, in all cases showing your name and address.

Application for admission to: **HOLLICKWOOD SCHOOL**

Child's Surname First Name(s).....

Child's Address:..... Date of birth

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.....Post Code..... Male Female

email address:.....

Are there any younger children in the family? Yes No If YES Please give dates of births:

Date of Birth Date of Birth

Name(s) of parent(s) or adult(s) with parental responsibility as defined in the Children Act 1989*

Relationship to Child	Initials	Title and Surname	Address (if different to above)	Daytime Tel. No.

Does your child have medical, social or educational needs which this school is particularly able to meet? If your child is to be considered exceptionally, you must provide a written statement from a doctor, social worker or other appropriate professional. There must be a very specific connection between your child's need and this particular school.

Does your child attend a school at present yes no Name of school.....

Does your child have brothers/sisters attending this school? yes no

Name Present age.....

Name..... Present age.....

Are you currently employed at this school? yes no

(please continue over page)

Additional Information:

If you wish, give any other reasons for wanting your child to attend this school

Signature of parent(s) or adult(s) with parental responsibility*

_____ **Date** _____

*Further information about the definition of adults with parental responsibility may be obtained from the school

FOR SCHOOL USE

Confirm address overleaf is correct
(i.e. that requested proof has been seen)

Yes

No

Birth Certificate seen

Yes

No

Date:

Initials:

Exceptional Circumstances (criterion 1)

Statement provided by
