

Lynch Hill School Primary Academy Application form for 2020-2021 In-Year and Nursery Admissions

Please read the school's Admission Policy carefully before completing this form.

Child's details		
Surname:	Forename:	DoB [Birth Certificate attached]
Male/ Female	Home language / mother ton	gue:
Address: [Please provide a copy of	current council tax statement to verify ad	dress]
	Postcode:	
Child's current school (if app	licable)	
Religion		
Religion		

Nursery Applications only – F	Preferred Time Slot	
AM	PM	Extended

Details of first parent/carer li	ving at home address	
Title	Initials	Surname
Relationship to child:		
National Insurance No.		DoB.
Home tel:	Work tel:	Mobile:

Details of second parent/car	er	
Title	Initials	Surname
Relationship to child:		
National Insurance No.		DoB.
Home tel:	Work tel:	Mobile

Does your child have a statement of special educational new	eds? YES / NO
Is your child in the public care of a local authority?	YES / NO
If yes, please state which authority:	
If yes, please also provide a letter from Social Services con-	firming the legal status of

the child and the local authority responsible for the child.

Is the child privately fostered? YES / NO

Date

Full names, DoB and year group of any siblings already attending this school.

Documentation required

Please provide <u>COPIES</u>, not originals.

- Birth Certificate
- Council Tax statement

Declaration and signature of parent/carer

- I wish to apply for a place at Lynch Hill School for my child
- I certify that, to best of my knowledge, the information given is correct
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this application invalid or lead to the offer of a place being withdrawn at a later date.

Signature of Parent /	Guardian
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For office use only:
Birth certificate copy attached YES / NO Council tax statement copy attached YES / NO