



ALEXANDRA PRIMARY SCHOOL

DENBIGH ROAD, HOUNSLOW, TW3 4DU

☎ 020 8570 6826

☎ 020 7345 1828

✉ admissions@alexandra.hounslow.sch.uk

APPLICATION FOR ADMISSION

REGISTERED FORENAMES		CHILD'S FAMILY/SURNAME		
PREFERRED NAME	PRONUNCIATION	GIRL	BOY	DATE OF BIRTH
IN WHICH COUNTRY WAS YOUR CHILD BORN?		PARENTS' COUNTRY OF ORIGIN:		

ADULT CONTACTS

MOTHER/FATHER/GUARDIAN (Mr, Mrs, Ms, Miss, Dr) FIRST NAME: LAST NAME:	MOTHER/FATHER/GUARDIAN (Mr, Mrs, Ms, Miss, Dr) FIRST NAME: LAST NAME:		
ADDRESS:	ADDRESS:		
POST CODE:	POST CODE:		
HOME TELEPHONE:	HOME TELEPHONE:		
MOBILE PHONE:	MOBILE PHONE:		
WORK TELEPHONE:	WORK TELEPHONE:		
E-MAIL:	E-MAIL:		
NATIONAL INSURANCE NUMBER:	NATIONAL INSURANCE NUMBER:		
Name of Person with whom your child lives (if different to above) Relationship to Child	Are there any special circumstances which may affect your child at school? (e.g. parents' separation / divorce / court orders). Please let us have details and ask to see the Headteacher with copies of any Court Orders/instructions that we may be required to enforce.		
Does anyone that lives in the family home have any additional physical, emotional or medical needs? Struggle with poor mental health or substance/alcohol abuse?			
Does your child have any specific requirements or specialist agency involvement (speech and language, hearing or visual impairment, learning difficulty)? e.g. Early Years Advisory Team, speech therapy etc.			
	If you are separated who has: Parental Responsibility?	Mother	Father
	Who is to receive school correspondence and reports?		

OTHER CHILDREN/SIBLINGS IN FAMILY – please ask for a continuation sheet if necessary

NAME	GIRL	BOY	Date of Birth

ADDITIONAL INFORMATION

DATE OF ARRIVAL IN UK:	FROM WHICH COUNTRY?
ASYLUM STATUS:	TRAVELLER STATUS: Housed/Travelling
How will your child usually travel to school (please tick)	WALK CAR/VAN BUS CYCLE TRAIN

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE OF THIS FORM

FOR OFFICE USE ONLY	CHECKED BY: DATE RECEIVED:	PROOF OF HOME ADDRESS
BIRTH CERTIFICATE (DATE SEEN)	PASSPORT (DATE SEEN)	HOME/OFFICE/OTHER (IDENTIFY & DATE SEEN)
PTO for AGENCIES INVOLVED (✓)	FIRST CLASS AT ALEXANDRA:	START DATE:
UPN:	FSM:	MILK:

LANGUAGE, RELIGION AND ETHNICITY

LANGUAGE: A child's first language is any language that the child was exposed to as a baby and continues to be exposed to in the home or community. If a child has been exposed to more than one language (which may include English) during early development, a language other than English should be recorded, irrespective of the child's proficiency in English.	First language of child (The language your child was first exposed to as a baby):
	First language of parents:
	Language(s) spoken at home:
	Would you be willing to interpret for us occasionally?

RELIGION:**ETHNICITY CODES** - Please ✓ one of these DfE codes to identify your child's ethnicity - not place of birth or nationality.

Any other mixed background	Bosnian-Herzegovinian	Iraqi	Other White British	Traveller of Irish Heritage	White and Black Caribbean
Arab	Chinese	Kosovan	Pakistani	Turkish/Turkish Cypriot	White Other
Bangladeshi	Croatian	Kurdish	Refused	White – English	I do not wish an ethnic Category to be recorded
Black – Ghanaian	Filipino	Lebanese	Serbian	White – Irish	Afghan
Black – Nigerian	Gypsy/Roma	Other Asian	Sri Lankan – Other	White – Scottish	White Eastern European
Black – Somali	Indian	Other Black African	Sri Lankan Sinhalese	White – Welsh	
Black – Caribbean	Iranian	Other Ethnic Group	Sri Lankan Tamil	White and Asian	

PREVIOUS SCHOOL Please provide details.

HAS YOUR CHILD ATTENDED A PLAYGROUP - CARER/TODDLER GROUP? YES/NO	A NURSERY SCHOOL? YES/NO START/FINISH DATES
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IF YOUR CHILD HAS ATTENDED OTHER SCHOOLS PLEASE GIVE DETAILS OF THE MOST RECENT BELOW

START/FINISH DATES	NAME AND ADDRESS OF SCHOOL and telephone number if known	COUNTRY

MEDICAL INFORMATION

MEDICAL CENTRE:	DOES YOUR CHILD HAVE ANY HEALTH CONDITIONS THAT MAY BE MONITORED BY A DOCTOR (e.g. allergies, asthma, illnesses, speech/hearing or eyesight problems, eczema etc)? Were there any difficulties encountered at birth that we need to know about? (premature birth, etc)
ADDRESS	
TELEPHONE No:	

DIET PLEASE ✓ THE FOODS YOUR CHILD **CAN** EAT. (We do *not* serve beef or pork)

	IS THERE ANYTHING ELSE THAT YOUR CHILD SHOULD NOT EAT? IS S/HE ALLERGIC TO ANYTHING?
HALAL	
Non HALAL	
MILK	
VEGETARIAN	
NUTS	
OTHER:	
LAMB	
CHICKEN	
FISH	
EGGS	

SCHOOL DINNERS AND SCHOOL MILK - If you are on a low income and/or receive benefits your child may be eligible to receive free school meals and milk. You will need to provide evidence of the benefits you are currently receiving to the school office and complete the application for Free School Meals. Please indicate benefit/s you are receiving below:

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AGENCY INVOLVEMENT (Medical, Learning Support, Social Services, Family Centre, Income Support/Job Seekers Allowance, Asylum/Refugee contact, Home Office, etc)

Date	Agency	comment

THE INFORMATION ON THIS FORM IS CONFIDENTIAL. It is used by the office and classroom staff and may be shared with relevant agencies. Information from this form will also be used to provide school data for DfE, local authority, QCA and school statistics.

Under the General Data Protection Regulation (GDPR) we are collecting this data so that the school, as a public authority, can carry out its official functions. This data will be shared in accordance with our Privacy Notice which can be found on our website.

Parent Signature:----- Date:-----