



STUDENT BASIC DETAILS

LEGAL SURNAME _____

SURNAME KNOWN BY (If Different) _____

FORENAME _____ MIDDLE NAME _____

DOB _____ GENDER _____

ADDRESS _____

_____ POSTCODE _____

Please enclose a copy of your child's birth certificate (For office use only)

CONTACT DETAILS

Please give details of those persons with parental responsibility for the above student.

MOTHER/STEP-MOTHER/GUARDIAN/CARER (Delete as necessary)

SURNAME _____ FORENAME _____ TITLE _____

ADDRESS _____

_____ POSTCODE _____

HOME TEL NO _____ MOBILE _____

WORK TEL NO _____

EMAIL ADDRESS _____ HOME / WORK (Delete as necessary)

I give / do not give permission for Abbey Park School to email / text me with important School matters. (Delete as necessary)

FATHER/STEP-FATHER/GUARDIAN/CARER (Delete as necessary)

SURNAME _____ FORENAME _____ TITLE _____

ADDRESS _____

_____ POSTCODE _____

HOME TEL NO _____ MOBILE _____

WORK TEL NO _____

EMAIL ADDRESS _____ HOME / WORK (Delete as necessary)

I give / do not give permission for Abbey Park School to email / text me with important School matters. (Delete as necessary)



SERVICE CHILDREN IN EDUCATION

Please indicate below if a parent or parents are Service personnel serving in regular HM Forces Military units of all forces and exercising parental care and responsibility.

I/we are members of the Armed Forces

I/we are not members of the Armed Forces

SCHOOL HISTORY

Please indicate the current / last school attended by the student.

TELEPHONE _____

I confirm that I/we would like the student detailed on this form to be offered a place at Abbey Park School.

Signed _____ Print _____ Date _____

Signed _____ Print _____ Date _____

ADDITIONAL EDUCATIONAL NEEDS

Please give details of any additional education needs of the student eg Impaired hearing, Dyslexia, gifted & talented, at their current school.

MEDICAL DETAILS

MEDICAL PRACTICE _____ TEL NUMBER _____

DOCTORS NAME _____

MEDICAL CONDITIONS _____

Please indicate if your child has a current Individual Education Health Care Plan **Yes / No**

ABBAY PARK SCHOOL ADMISSIONS FORM



Please give details of additional contacts who may be contacted in an emergency in order of priority:

SURNAME _____ FORENAME _____ TITLE _____

RELATIONSHIP TO CHILD _____

ADDRESS _____

_____ POSTCODE _____

HOME TEL NO _____ MOBILE _____

SURNAME _____ FORENAME _____ TITLE _____

RELATIONSHIP TO CHILD _____

ADDRESS _____

_____ POSTCODE _____

HOME TEL NO _____ MOBILE _____

SURNAME _____ FORENAME _____ TITLE _____

RELATIONSHIP TO CHILD _____

ADDRESS _____

_____ POSTCODE _____

HOME TEL NO _____ MOBILE _____

SURNAME _____ FORENAME _____ TITLE _____

RELATIONSHIP TO CHILD _____

ADDRESS _____

_____ POSTCODE _____

HOME TEL NO _____ MOBILE _____



FAMILY DETAILS

Please give details of siblings at Abbey Park School

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

DIETARY NEEDS

DOES THE STUDENT REQUIRE A RESTRICTED DIET YES/NO (Delete as necessary)

IF YES PLEASE GIVE DETAILS _____

MEAL ARRANGEMENTS - Please indicate below (Delete as necessary)

I believe that my child is entitled to claim Free School Meal / Paid School Meal / Packed lunch from home

TRAVEL ARRANGEMENTS

Please indicate your normal mode of travel to and from school. Please refer to the relevant guidance on the Swindon Borough Council website if necessary.

Walk / Bicycle / Car or Van / Taxi / Train / School Bus / Car Share / Public Bus Service / Other

ETHNICITY

Please refer to ethnicity form when completing this section.

ETHNICITY _____

FIRST LANGUAGE _____

HOME LANGUAGE (Delete as necessary) English / Other than English

RELIGION _____