

Cantonese

Other please state:



Pupil In-Year Application Form: Mornington Primary School

This form should be completed by the child's parent/carer with parental responsibility for an in-year admission application or consideration of a change of school. <u>All</u> information given concerning individual children and families remains confidential.

Child's Full Name:		
Date of Birth:		
Childs Current Year Group:	Boy Girl (Please circle)	
Cilius Current Tear Group.	(i lease circle)	
Childs Current Address	Do you think you may be entitled to free school meals (please circle)	
	Yes / No	
Post code:	Families of service personnel Please indicate if either parent has a confirmed posting or is a crown servant returning from overseas? (please circle)	
	Yes / No	
	Further details:	
Childs Current School		
School Address		
Post code:		
Ethnicity	Religion	
White-British	Christian	
White Asian	Sikh	
White-Black Caribbean	Muslim	
White-Black African	Jewish	
Black African	Hindu	
Black Caribbean	No religion	
Bangladesh		
Pakistani		
Chinese		

To help us make sure your application is dealt with quickly please complete the following:

Does your child have an Education, Health and Care Pla	Yes / No		
Is your child 'looked after' by the Local Authority? If 'Yes' please give the name of the Local Authority respondent child.	onsible for the care of Yes / No		
Has your child ever been permanently excluded from school: If 'Yes' please give the name of the school: Date of permanent exclusion - Reason for permanent exclusion -	Yes / No		
Why do you want your child to move to another school? (Please continue on a separate sheet if necessary)			
Is your child currently attending school?	Yes / No		
If 'No' is your child being home-educated?	Yes / No		
Your child must continue to attend their present school until a change of school takes place as failure to do so may result in Court action.			
By signing this form, I/We agree to abide by the Mornington Primary School Parent Code of Conduct.			
Signed			
Relationship With The Child			
Telephone:			
E-mail address:			
Please return the completed <i>Pupil Admission form</i> to school.			
I confirm that:			
 I wish to make an application for Mornington Primary School. I certify that I am the person with parental responsibility for the child named on Page 1 of this form and that all the information given on this form is correct. I understand that my child's place may be withdrawn if it is proven to have been obtained based on fraudulent or misleading information. I enclose proof of permanent residency for the home address given on the application. 			
Signed(parent/carer)	Date		
Print name			

Please return this application to:

Mornington Primary School, Mornington Crescent, Nuthall, Nottingham, NG16 1RF
office@morningtonprimary.org