Lynch Hill School Primary Academy Application form for 2015-2016 In-Year admissions

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

Number of the second se		
Child's details		
Surname:	Forename:	DoB [Birth Certificate attached]
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N. 1. / E		<u>. </u>
Male/ Female	Home language / mother	r tongue:
Address: [Please provide a copy of	current council tax statement to ver	ify address]
		*
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-	*	90
	Postcode:	
Child's current school (if app	licable)	
4		
Country of origin	Date of arriva	Il to UK
	if not born in	UK
Religion		*
Details of first parent/carer li	ving at home address	
Title	Initials	Surname
Relationship to child		
Home tel:	Work tel:	Mobile:
		*
Details of second parent/care	er	
Title	Initials	Surname
Relationship to child		
Home tel:	Work tel:	Mobile
Door your shild have a state		al and all VEC / NO
Does your child have a state Is your child in the public car		al needs? YES / NO YES / NO
If yes, please state which au		TES/NO
If yes, please also provide a	letter from Social Services	s confirming the legal status of
the child and the local author		
Is the child privately fostered		someone other than the parent without the
<u> </u>		nt of the local authority
		* * * *

Full names, DoB and year group of any siblings already attending this school.
Documentation required
Please provide COPIES, 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 farm and/or supporting information may render this application invalid or lead
form and/or supporting information may render this application invalid or lead to the offer of a place being withdrawn at a later date.
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Signature of Parent / Guardian Date

For office use only:

Birth certificate copy attached YES / NO Council tax statement copy attached YES / NO