



Newlands Primary School
Request for School Place

Pupil's Surname:

Pupil's Forename(s)

Date of Birth:

Year Group:

Pupil's Address:

Mother's Full Name:

Father's Full Name:

Do both parents have Parental Responsibility: YES / NO (if no please give details of others with Parental Responsibility – i.e. Full name, Relationship to Child, contact details.

Who does the child live with?

Name:

Relationship to child:

Address:

Contact Telephone No:

Name:

Relationship to child:

Address:

Contact Telephone No:

If the child does not live with both parents please provide details of the child's other parent:

Name:

Address:

Contact Telephone No:

Previous / Current School:

Address & Post Code:

Contact Telephone No:

Date child left: (if applicable)

Has your child ever been excluded from school: YES / NO
(If YES please give details)

Does your child have any Special Educational Needs/Special Arrangements / Medical Needs? (If so, please give details)

Please give details of any CAF / Team Around the Family if applicable:

Reason for requesting a place for your child at Newlands Primary School: