APPLICATION FORM

Pupil Details	
Surname:	**Legal Surname:**
Forename:	**Middle name:**
Chosen name:	**Gender:**
Date of Birth:	**Year Group Applied for:**
	Reg Group:
Home Address:	
Post Code:	
Telephone:	
Email:	Male ☐ Female ☐

Parent/Carer Details		
Name / Relationship to child	**Home Address / Phone / Mobile / Fax**	**Work Address Phone / Email**
	Tel: **Mobile:**	**Tel:** **Email:**

Other Details

a) Does your child have an Education, Health and Care Plan **YES** ☐ **NO** ☐

b) Is your child cared for by a Local Authority or is he/she a previously looked after child? **YES** ☐ **NO** ☐

If yes, which Local Authority _____

Medical Practice: **Address:** **Telephone Number:**
Medical Condition(s)
Medical Note(s)
Allergies
Disabilities

Ethnicity : **First Language:**

Religion: **Home Language:**

The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR)
The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education

Signature: **Date:**