



IN YEAR APPLICATION FORM

Please complete all sections and return together with a copy of passport or birth certificate, proof of address and latest school reports.

CHILD INFORMATION

Surname:.....

Middle name:.....

First name:.....

Preferred name:.....

Date of Birth:.....

Country of Birth:.....

Nationality:.....

Child's first language:.....

Child's second language:.....

Home language:.....

Religion:.....

Home address:.....

.....

.....

.....Postcode:.....

Previous school name and address:

.....

.....Postcode:.....

Year Group you are applying for:.....

Please provide the reason for your application:.....

.....
.....
.....
.....
.....

PARENTS / CARERS INFORMATION

Contact No1

Surname:.....First Name:.....

Address:.....

.....Postcode.....

Tel number:.....Mobile number:.....

Work number:.....Email address:.....

Relation to the child:.....

Contact No2

Surname:.....First Name:.....

Address:.....

.....Postcode.....

Tel number:.....Mobile number:.....

Work number:.....Email address:.....

Relation to the child:.....

Carer's Surname:.....First Name:.....

Address:.....

.....Postcode.....

Tel number:.....Mobile number:.....

Work number:.....Email address:.....

Please let us know if you do not want us to contact or write to any of the above.

ADDITIONAL CONTACT DETAILS

Name	Tel number	Relationship	Contact priority
1			
2			
3			
4			

SPECIAL EDUCATIONAL NEEDS

Does your child have a statement of special educational needs? YES / NO

If yes, please provide supporting documents.

MEDICAL

Name of GP:.....

Address:.....

.....Postcode:.....Tel number:.....

Please list below any known medical conditions, allergies etc. and medications

.....
.....
.....

FOOD REQUIREMENTS

Halal Vegetarian No Beef None

Please tick as appropriate

Is your child entitled to Free School Meals? YES / NO

Parents/Carers signature:.....

Date:.....

Hammersmith & Fulham LEA List of Ethnic Categories

Pupil Name:

Year Group:

Date of Birth:

Ethnic Category: (Please tick one box only)

		For office use only
A WHITE		
British	<input type="checkbox"/>	WBRI
Irish	<input type="checkbox"/>	WIRI
Traveller of Irish Heritage	<input type="checkbox"/>	WIRT
White Eastern European	<input type="checkbox"/>	WEEU
White Western European	<input type="checkbox"/>	WWEU
Gypsy/Roma	<input type="checkbox"/>	WROM
White Other	<input type="checkbox"/>	WOTW
B BLACK OR BLACK BRITISH		
Caribbean	<input type="checkbox"/>	BCRB
African	<input type="checkbox"/>	BAFR
Any Other Black Background	<input type="checkbox"/>	BOTH
C MIXED/DUAL BACKGROUND		
White and Black Caribbean	<input type="checkbox"/>	MWBC
White and Black African	<input type="checkbox"/>	MWBA
White and Asian	<input type="checkbox"/>	MWAS
Any Other Mixed Background	<input type="checkbox"/>	MOTH
D ASIAN OR ASIAN BRITISH		
Indian	<input type="checkbox"/>	AIND
Pakistani	<input type="checkbox"/>	APKN
Bangladeshi	<input type="checkbox"/>	ABAN
Any Other Asian Background	<input type="checkbox"/>	AOTH
E CHINESE	<input type="checkbox"/>	CHNE
F ANY OTHER ETHNIC GROUP		
Afghan	<input type="checkbox"/>	OAFG
Arab Other	<input type="checkbox"/>	OARA
Egyptian	<input type="checkbox"/>	OEGY
Iranian	<input type="checkbox"/>	OIRN
Iraqi	<input type="checkbox"/>	OIRQ
Kurdish	<input type="checkbox"/>	OKRD
Lebanese	<input type="checkbox"/>	OLEB
Moroccan	<input type="checkbox"/>	OMRC
Any Other Ethnic Group	<input type="checkbox"/>	OOEG
G I do not wish any ethnic background to be recorded	<input type="checkbox"/>	REFU

Information provided by: pls tick one box

Parent/Guardian

Pupil
