



# Brentside



# Primary

Kennedy Road  
Hanwell  
W7 1JL  
020 8813 2580  
admin@brentsideprimary.co.uk

## Application for Admission

### Pupils Details

Forename: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred Forename: \_\_\_\_\_ (If different from forename)

Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

Age as of Today: \_\_\_\_\_ Gender: Boy  Girl

### Address

House/Flat Number: \_\_\_\_\_

Street: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

### Parents Details

**MOTHER:**  
Full Name: \_\_\_\_\_

Telephone Numbers:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**FATHER:**  
Full Name: \_\_\_\_\_

Telephone Numbers:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Email: \_\_\_\_\_



## Medical

### GP Details

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Does your child have any known medical condition?

- Yes (Please state) \_\_\_\_\_
- No

### Is your child on a regular medication from the doctor?

- Yes (Please state) \_\_\_\_\_
- No

### Does your child have any allergies?

- Yes (Please state) \_\_\_\_\_
- No

### Has your child had any major injuries in the past?

- Yes (Please state) \_\_\_\_\_
- No

### Was your child born premature?

- Yes (Please state) \_\_\_\_\_
- No

### Has your child ever had any febrile convulsions?

- Yes (Please state) \_\_\_\_\_
- No

### Has your child ever had any hospital treatment?

- Yes (Please state) \_\_\_\_\_
- No

## Dietary Needs:

### Tick all that apply

- Artificial colouring allergy
- Gluten free
- Halal
- Kosher foods only
- No dairy produce
- No nuts of any type/quantity
- No Pork
- No beef
- Seafood Allergy
- Vegetarian
- Other \_\_\_\_\_

The DCFS requests the school to collect ethnic and cultural information on all children that apply to be admitted. Please state the Ethnic Origin and Religion for your child.

## Ethnicity

### Tick one which best matches your child

- Any other black background
- Any other mixed background
- Bangladeshi
- Black – Ghanaian
- Black – Nigerian
- Black – Somali
- Black Caribbean
- Chinese
- Indian
- Iranian
- Iraqi
- Other Asian
- Other Black African
- Other ethnic group
- Pakistani
- White – British
- White- Irish
- White and Asian
- White and Black African
- White and Black Caribbean
- White Eastern European
- White Western European
- I'd rather not say
- Other \_\_\_\_\_

## Religion

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Other religion \_\_\_\_\_
- No religion

What language is spoken at home?

\_\_\_\_\_

Is English your child's second language? (Please circle appropriate)

Yes / No

## National Identity:

Tick one which best matches your child

- British
- English
- Scottish
- Welsh
- Irish
- Other
- I would rather not say

Country of birth:

\_\_\_\_\_

Date of arrival in the UK (if applicable):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Travel arrangements to and from school: (Please tick all that apply)

- My child comes to school by bus
- My child comes to school by car
- My child walks to school
- Other (please state): \_\_\_\_\_
- My child will be collected by: (please state) \_\_\_\_\_
- My child will go home on his/her own

Please give your reasons for wanting to join us here at Brentside Primary:

Permission to be photographed: (Please tick if applicable)

- I give my permission for my child to be photographed and for that photograph to be reproduced in newspapers and publications.

In order to process your application the school will need to see the child's birth certificate. Please sign the declaration below:

I understand that if I give false information, or do not give complete information that it may delay or disadvantage my child's application.

Signature of Parent/Guardian

Date

\_\_\_\_\_

\_\_\_\_\_