ST. JUDE'S SCHOOL IN YEAR APPLICATION/ ADMISSION FORM REGENT ROAD, HERNE HILL, SE24 OEL

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Child's Full Name		
School year group		
Date of birth	Country of birth	
Home address		
Email address		••••
Home telephone number		
Mother's work number	Father's work number	••••
Father's name	Mother's name	
Mother's occupation	Religion	
Father's occupation	Religion	
Child's religion		
Do you attend church? - If so pleas		
First language of father		
First language of child		
Any other Languages spoken at ho	me apart from English	
Childs ethnic background		
Special dietary requirements (vege	etarian etc.)	
	edical conditions - including allergies/asthma:	
	red with	
Attendance	d attendance at the present school. (This should be incl	

Special Educational Needs Do you consider your child to have any special needs?
What special needs have been identified by the present school?
If yes - what support is in place? Please include EHCP support, interventions, speech and language support and external agency involvement.
Exclusions Number of internal exclusions:
Number of fixed term exclusions:
Please provide details of exclusions: (if any)
Reason for school move What is the reason for leaving your present school? (Please note that we will make contact with the school to gather information about your child)
Free school meals and pupil premium Will your child be eligible for free meals?
Details of previous schools Did your child attend nursery school? If yes, please give details of where he/she attended and for how long?
Name and address of nursery school
Name and address of former or current primary school
Has your child been home schooled? If so please supply dates.
Date of form completionSigned:
Please note that when an appointment is made with the school - parents are requested to

Thank you.