Carr Infant School

Ostman Road

Acomb

York

YO26 5QA

Headteacher: Dr Canniford

Tel: 01904 565140

Email: carrinfants.school@york.gov.uk

**Admission Form**

**Student Details**  **Date**

|  |  |
| --- | --- |
| Child’s Surname |  |
| Child’s Legal surname(if different from above) |  |
| Child’s First name |  |
| Gender | Male / Female (**Please circle**) |
| Date of Birth |  |
| Full Address |  |
| Postcode |  |
| Home telephone number |  |
| Home email address: |  |
| Mobile number |  |

**Parental details**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| Title |  |  |
| First name |  |  |
| Surname |  |  |
| Date of Birth |  |  |
| National Insurance Number |  |  |
| Address and home phone number if different from above. |  |  |
| Mobile number |  |  |
| Place of work |  |  |
| Work telephone number |  |  |
| Does this parent/Guardian have parental responsibility? | Yes / No (**please circle**) | Yes / No (**please circle**) |
| Has a court order been issued which relates to the child Yes / No (**please circle**) – **IF YES PLEASE GIVE DETIALS** | | |

|  |  |
| --- | --- |
| Doctors Practice |  |
| Doctors Name |  |
| Telephone Number |  |
| Permission to Contact Doctor. | Yes / No (**please circle**) |
| Permission to administer First Aid. | Yes / No (**please circle**) |

**It would be helpful to have details of any medical problems affecting your child.**

|  |  |
| --- | --- |
| Does your child suffer from any health problems, if so please give details. (Please indicate any special treatment) |  |
| Names and contact numbers of any professionals involved with your child, for example health visitors, speech therapists. |  |
| Please give details of any other problems/concerns of which the school should be aware of to enable us to support your child. |  |
| Please give details of any special requirements/medical conditions of parents/carers regarding access to the building or accessing information. |  |

**Details of any previous school or nursery and/or childminder**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone number |  |
| Sibling details (if applicable) |  |

**IF YOU ARE APPLYING FOR A NURSERY PLACE – please complete below**

Your child is entitled to 15 hours per week:

Morning place – Monday to Friday 8.45am – 11.45am or

Afternoon place – Monday-Friday - 11.45am – 2.45pm

Your child is entitled to 30 hours per week:

30 hours - Monday–Friday – 8.45am – 2.45pm

**Subject to confirmation of entitlement** – please provide code:

**We do our best to allocate families their first choice although this not always possible.**