

*Kings Avenue Primary School
Kings Avenue
London
SW4 8BQ
Tel: 020 7622 1208
Fax: 020 7498 3332*



*Head teacher: Mrs E Maxted
Head of School: Mrs M Powys*

ADMISSION TO KINGS AVENUE SCHOOL

Thank you for your interest in Kings Avenue School. Please could you fill out the attached form as fully as possible.

We will also require proof of your child's identity and recent proof of your address. Please see below for those proofs that we can accept.

Please Note: we are **not able** to accept Admissions application forms **without the required proof of address and identification.**

ACCEPTED PROOF: Please provide one of the following as **proof of address:**

- Recent* COUNCIL TAX BILL with your name and address
- TENANCY AGREEMENT with your name and address
- Recent CHILD BENEFIT LETTER with your name and address
- Other recent BENEFIT LETTER or OFFICIAL COUNCIL LETTER with your name and address.

(*within 3 months)

Sorry but **NO OTHER PROOF** such as Bills or Bank Statements can be accepted.

Please provide a Full Birth Certificate together with **one** of the following as **proof of your child's identity:**

- E. U. PASSPORT
- OTHER VALID PASSPORT WITH LEAVE TO REMAIN
- OTHER VALID PASSPORT WITH VALID VISA
- HOME OFFICE DOCUMENT PERMITTING STAY.

If you are unsure about any of the above, please call to enquire on the number above. We look forward to receiving your application. Once we receive your application we will process it and call you when a vacancy arises. It will remain on our file on a waiting list until then.



APPLICATION FOR ADMISSION TO
KINGS AVENUE SCHOOL



OFFICE USE

Appointment for interview Admission Date

For Parent/Guardian to complete:

If you find this form difficult to fill in, please ask any member of the Office staff for advice.

I wish to apply for my child to be admitted to Kings Avenue School.

Child's First Name Surname

Date of Birth BOY GIRL (Please tick)
(A copy of the child's FULL birth certificate and passport will be required)

Address

Postcode Borough

Name of Parent(s) / Guardian(s) or responsible adult with whom the child lives:

Mother:.....

Telephone Number (land & mobile).....

Father:.....

Telephone Number (land & mobile).....

My child's brother/sister already attends Kings Avenue YES NO (Please tick)

Name (s)

My reasons for wanting this school/Children's Centre, including any special medical/social reasons are:

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

Medical / Social Report attached YES NO (Please tick)

I declare that the information I have given is true. I understand that should the information be shown to be false then the school reserves the right the reconsider its offer of a placement at this school.

Signed Date

Now give this form to the Office staff to be processed

For the Head of School to complete:

I have verified the date of birth of this child.

I agree do not agree to admit this child into Kings Avenue Primary School

My reasons for not agreeing to offer a place are as follows:

Signed Name

EMERGENCY CONTACTS

Should your child be taken ill, or have an accident in school it is very important that we are able to contact you quickly. In the event of an emergency, after we have tried to contact a parent please list two other chosen and responsible adults who have agreed to take responsibility for your child.

EMERGENCY CONTACT	
<p><i>NAME and ADDRESS – (Please note down how the child is related to the contact i.e. Aunt, Uncle, Friend, Neighbour)</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>TELEPHONE NUMBER:</p> <p>.....</p> <p>.....</p>

EMERGENCY CONTACT	
<p><i>NAME and ADDRESS– (Please note down how the child is related to the contact i.e. Aunt, Uncle, Friend, Neighbour)</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>TELEPHONE NUMBER:</p> <p>.....</p> <p>.....</p>

I agree that:

- If my child is having a paid school meal, I will ensure that payments will not go into arrears.
- My child arrives at 8:45am each day
- I will collect my child promptly at 3:15pm each day
- My child wears the correct school uniform and has an even hair cut at all times
- I agree for the school to take my child on local visits by either walking, bus or on the school minibus
- I will inform the school immediately if the above information alters in any way.

Signed:.....PARENT/GUARDIAN DATE

THE SCHOOL MUST BE INFORMED IMMEDIATELY SHOULD ANY OF THE ABOVE INFORMATION ALTER IN ANY WAY



KINGS AVENUE PRIMARY SCHOOL

GENERAL INFORMATION

DATE OF ENTRY INTO THE UK:	
COUNTRY OF ORIGIN:	
LANGUAGES SPOKEN AT HOME:	
RELIGION:	
Does your child have any special needs?	

PREVIOUS SCHOOLING

Previous schools	
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MEDICAL/DIETRY INFORMATION

DOCTORS NAME & ADDRESS	MEDICAL CONDITIONS (Asthma/Diabetes/Food allergies etc)			
Nursery-Year 6 LUNCH ARRANGEMENTS	SCHOOL DINNER []	PACKED LUNCH []	HOME DINNER []	FREE SCHOOL MEAL CLAIM (Please ask for an application form)

PARENTS/GUARDIANS

Two Adults <input type="checkbox"/> Single Parent <input type="checkbox"/> Foster Parents <input type="checkbox"/> Residential Care <input type="checkbox"/> Other <input type="checkbox"/>				
NAME	RELATIONSHIP TO CHILD	COUNTRY OF ORIGIN	DATE OF ARRIVAL IN THE UK	If you do not have an EU passport do you have "Leave to Remain" in the UK
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

OTHER CHILDREN IN THE FAMILY

NAME	DATE OF BIRTH	SCHOOL CURRENTLY ATTENDING

Signed:.....**PARENT/GUARDIAN** **DATE**

SCHOOL ENTRY

Dear Parent/Carer

Please would you supply the answers to the following questions concerning your child (please use capital letters); be assured that the information you or your child gives to any member of our staff is kept in a secure and confidential manner and will not be shared with anyone else without your express permission, except in exceptional circumstances.

General Information:

1. Name of Child:

Date of Birth: Gender Ethnicity.....

Home Address:

..... Postcode:

2. First Language

3. Transfer from Nursery School Name:.....

4. Transfer to New Primary School Name:.....

5. Parent/Carer Contact Details:

Name.....

Address.....

Telephone (Home):..... Mobile Work

6. GP Details: Name, Address and Telephone No:

.....

.....

LAMBETH ETHNIC BACKGROUND RECORD FORM

Pupil's Name..... **Class**.....

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, and ancestry or family history. **Ethnic background is not the same as nationality or country of birth.**

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please look at the list below and tick one box only to indicate the ethnic background of the pupil or named above. Please also tick whether the form was filled in by a parent or pupil.

White

- British (English/Scottish/Welsh)
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background (specify)
- Greek
- Turkish
- Portuguese

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (specify)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (specify)

Black or Black British

- Caribbean
- African
- Any other Black background (specify)

Chinese

Any other ethnic background

- Vietnamese
- Any other ethnic group (specify)

This information was provided by	
Parent	<input type="checkbox"/>
Pupil	<input type="checkbox"/>

I do not wish an ethnic background category to be recorded

(Any information you provided will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed to future schools, to save it having to be asked again)