



### Pupil Admission Form: Larkfields Infant School

This form should be completed by the child's parent/carer with parental responsibility for an admission application or consideration of a change of school. All information given concerning individual children and families remains confidential.

**Child's full name:**

**D.O.B.**

**Boy**

(Please circle)

**Girl**

**Childs current address**

Post code:

Home telephone:

Mobile:

E-mail address:

Do you think you may be entitled to free school meals (please circle)

**Yes / No**

Families of service personnel  
Please indicate if either parent has a confirmed posting or is a crown servant returning from overseas? (please circle)

**Yes / No**

Further details:

Please give the name and address of your child's current school

**Childs current school** \_\_\_\_\_

Address

Post code:

Telephone:

E-mail address:

**Ethnicity and religion: (Please circle)**

<b>Ethnicity</b>	<b>Religion</b>
White-British	Christian
White Asian	Sikh
White-Black Caribbean	Muslim
White-Black African	Jewish
Black African	Hindu
Black Caribbean	No religion
Bangladesh	
Pakistani	
Chinese	
Cantonese	
Other please state:	

**To help us make sure your application is dealt with quickly please complete the following:**

Does your child have a Education, Health and Care Plan?	Yes / No
Is your child 'looked after' by the Local Authority? If 'Yes' please give the name of the Local Authority responsible for the care of your child.	Yes / No
Has your child ever been permanently excluded from school?  If 'Yes' please give the name of the school: Date of permanent exclusion - Reason for permanent exclusion -	Yes / No

Why do you want your child to move to another school?
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Is your child currently attending school?	Yes / No
If 'No' is your child being home-educated?	Yes / No

Your child must continue to attend their present school until a change of school takes place as failure to do so may result in Court action.

**By signing this form, I/We agree to abide by the Larkfields Infant School Parent Code of Conduct.**

Signed..... Status.....

Please return the completed ***Pupil Admission form*** to school.

**I confirm that:**

- I wish to make an application for **Larkfields Infant School**.
- I certify that I am the person with parental responsibility for the child named on Page 1 of this form and that all the information given on this form is correct.
- I understand that my child's place may be withdrawn if it is proven to have been obtained based on fraudulent or misleading information.
- **I enclose proof of permanent residency for the home address given on the application.**

Signed .....(parent/carer)

Date.....

Print name .....

**Please return this application to:**  
**Larkfields Infant School,**  
 Coronation Road,  
 Nuthall,  
 Nottingham  
 NG16 1EP  
[office@larkfieldsinfant.org](mailto:office@larkfieldsinfant.org)