

# APPLICATION FOR IN YEAR ADMISSION TO COCKERMOUTH SCHOOL



**Headteacher:**  
Dr R P Petrie BSc PhD

**The Education (Pupil Registration) Regulations 2006** requires that we collect and hold information on every child admitted to school, including the information we ask for on this form. In order for this school to comply with these regulations, I would be grateful if you could give the information requested below (one form to be completed for each child) **and return it to school immediately. It is vital that the information is correct and that any future amendments are notified in writing as soon as possible.**

## STUDENT PERSONAL DETAILS:

**Legal Surname** (as on birth certificate) Block Letters

**Legal Forename(s)** Block Letters

**Chosen Name** (if different from above)

**Date of Birth**

**Male / Female**

**Home Telephone Number**

**Home Address**

**Postcode**

Is this young person cared for by the Local Authority? 'A Looked After Child': **YES / NO**

If **Yes**, please state which Local Authority and provide contact details:

Is there a Court Order relating to this child? **YES / NO**

If **Yes**, please provide details

## SIBLINGS:

Does the child have siblings at Cockermouth School? **YES / NO**

**Name**

**Date of Birth**

**Name**

**Date of Birth**

Are there any other school-age children living at the above address? **YES / NO** (If **Yes** provide details below)

**Name**

**Date of Birth**

**Name**

**Date of Birth**

## MEDICAL INFORMATION:

**Doctor's Name**

**Telephone Number**

**Doctor's Address**

Does your child suffer from any particular medical conditions/currently taking medication, eg asthma, allergies etc.

Please give brief details

Does your child have an Educational Health Care Plan or is currently undergoing a statutory assessment? **YES / NO**

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An Inspired Facility



<b>PREVIOUS SCHOOL:</b>		
<b>Name</b>	<b>Telephone Number</b>	
<b>Address</b>		
<b>Local Education Authority</b>	<b>Type of School</b> (eg Independent)	
Is the child still attending this school <b>YES / NO</b> If No, what was the last date they attended		
<b>From what date do you require a place?</b>		
<b>BACKGROUND INFORMATION:</b>		
Please give any information that you feel may be helpful. This could include your child's home circumstances or their previous experiences at school positive and/or negative.		
<b>KEY WORKERS:</b>		
If appropriate, please provide details of any 'key workers' that could help us in supporting your child, such as social workers, Connexions PA, Education Welfare Officers, health or other professionals.		
<b>Name</b>	<b>Position</b>	<b>Contact Number</b>
<b>Name</b>	<b>Position</b>	<b>Contact Number</b>
<b>PARENT / CARER DETAILS:</b>		
<b>Title</b> Mr / Mrs / Ms / Rev / Dr / Other		
<b>Full Name of Parent / Carer</b>		
<b>Contact Telephone Number</b>	<b>Alternative Number</b>	
<b>Email Address</b>		
<b>Address</b> (if different from child)		
I give consent for all correspondence to be sent to this address <b>YES / NO</b>		
<p><b>I confirm that I have parental responsibility for this child and the information given is correct. I understand that any place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I consent to the information on this form being shared with appropriate agencies and understand that contact may be made with the child's current/previous school for information which may include attendance and exclusion data.</b></p> <p>If you are caring for someone else's child for more than 28 days and you are not an immediate relative you may be Private Fostering and it is a legal requirement that you inform the Local Authority. If you think you may be Private Fostering, please tick this box <input type="checkbox"/> Further information is available by contacting 0333 240 1727 or on Cumbria County Council's website at <a href="http://www.cumbria.gov.uk/childrensservices/childrenandfamilies/privatefostering/whatisfostering.asp">www.cumbria.gov.uk/childrensservices/childrenandfamilies/privatefostering/whatisfostering.asp</a></p>		
<b>Signed</b> _____ <b>Date</b> _____		
<b>Please return the completed form to:</b> <b>Mrs V Bone, PA to the Headteacher, Cockermouth School, Castlegate Drive, Cockermouth, Cumbria CA13 9HF</b> <b>Email: <a href="mailto:bonev@cockermouthschool.org">bonev@cockermouthschool.org</a> Tel: 01900 898888</b>		