

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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PREVIOUS SCHOOL:	
Name	Telephone Number
Address	
Local Education Authority	Type of School (eg Independent)
Is the child still attending this school YES / NO If No, what was the last date they attended	
From what date do you require a place?	
BACKGROUND INFORMATION:	
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.	
KEY WORKERS:	
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.	
Name	Position
Name	Position
Contact Number	Contact Number
PARENT / CARER DETAILS:	
Title Mr / Mrs / Ms / Rev / Dr / Other	
Full Name of Parent / Carer	
Contact Telephone Number	Alternative Number
Email Address	
Address (if different from child)	
I give consent for all correspondence to be sent to this address YES / NO	
<p>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.</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 www.cumbria.gov.uk/childrensservices/childrenandfamilies/privatefostering/whatisfostering.asp</p>	
Signed _____	Date _____
Please return the completed form to: Mrs E Nicholson, Admissions Officer, Cockermonth School, Castlegate Drive, Cockermonth, Cumbria CA13 9HF Email: nicholsone@cockermonthschool.org Tel: 01900 898888	