



All Saints CEVA Primary School & Nursery Castle Street Wellingborough Northamptonshire NN8 1LS	
Telephone: 01933 225888	Email: admin@allsaints-pri.northants.sch.uk
Head Teacher: Mrs Emma Johnson Bed (Hons) NPQH	

Admission Application Form

Reception to Year 6

PUPIL INFORMATION	
Surname:	Forename(s):
Gender: MALE/FEMALE	Date of Birth:
Country of Birth:	Nationality:
Home Language:	Religious Affiliation:
School Year Required:	
Current School:	

PARENT/GUARDIAN INFORMATION	
Surname:	Forename:
Relationship to Child:	Contact Telephone Number:
Home Address (where child is resident):	
Postcode:	
Email Address:	
Is your child cared for by a Local Authority or is he/she previously a looked after child?	YES/NO



Does your child have a Statement of Special Educational Needs or an Education, Health and Care Plan?	YES/NO
Do you worship at All Saints Church? If YES have you submitted a SIF A form?	YES/NO YES/NO

I wish my child to be wait listed for a place at All Saints CEVA Primary School and confirm that all information given above is correct to the best of my knowledge.

I understand that waiting lists are renewed at the start of each seasonal term. If I wish my child to remain on the list I must contact the school within 10 school days of the start of each term in **September, January and April.**

If no contact is received then my child's name will be removed from the waiting list.

Signature:

Date:

For OFFICE STAFF only	
Date Received:	Staff Member:
Birth Certificate: Seen <input type="checkbox"/> <i>Initials</i> <input type="checkbox"/>	Address: Proof Seen <input type="checkbox"/> Example Given _____
Confirm Year Group required:	Confirm Next Waiting List Refresh Date: _____ Parent Aware? <input type="checkbox"/> <i>Initials</i>
	Confirmed waiting list?
September	
January	
April	