



**APPLICATION TO THE LOCAL GOVERNING BODY FOR ADMISSION TO
GILMORTON CHANDLER CE PRIMARY SCHOOL**

It is important that this form is completed accurately and full details given. The form is made available to the Independent Appeal Panel in the case of an appeal against non-admission. In all other respects, the information is treated in confidence. If you require assistance in the completion of the form, please contact our school office.

CHILD'S DETAILS:

SURNAME	
FORENAMES	
HOME ADDRESS (INCLUDE POSTCODE)	
DATE OF BIRTH	

PARENT/GUARDIAN/CARER DETAILS:

	PARENT/GUARDIAN/CARER	PARENT/GUARDIAN/CARER
TITLE		
SURNAME		
FORENAME		
TELEPHONE NUMBER		

I/we wish my/our child to be admitted to the school and confirm that the information given is correct.

Our application for admission is under criterion number

I/we understand the need to provide proof of address and of the child's date of birth.

Signed / dated by a person(s) with legal responsibility for the child.

Office use only: Proof of address seen (sign and date)

Evidence of date of birth seen (sign and date)