



Chellaston Infant/Junior School



Pupil Application Form: Chellaston Infant/Junior School 2024/2025

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:

First name _____ Middle names: _____

Surname: _____

If parents are separated, who has custody of the child? (Please circle) **Mother** **Father**

D.O.B.	Year Group:	Boy (Please circle)	Girl
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Mother's name: Address: Post code: Home telephone: Mobile: E-mail address: Occupation: Parental responsibility - Yes/No	Father's name: Address: Post code: Home telephone: Mobile: E-mail address: Occupation: Parental responsibility - Yes/No
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What is the name of your child's current/last school?

Name of School	Date of leaving

Why do you want your child to move to this school?

If your request for a change of school is NOT as a result of a change of address, please complete the following:

Please give details of the school staff you have worked with to try to resolve your child's present difficulties.

Teacher	Date of contact:
Deputy Head/ Head Teacher	Date of contact:
Other (please specify including dates)	

If you have not discussed your concerns or tried to resolve your child's difficulties with the present school, we will refer you back to the school before taking any action on your request.

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.

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

Does your child have a Statement of special education needs or an Education, Health and Care Plan?	Yes / No
Does your child have any mobility/physical disabilities? If 'Yes', please give details:	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 –	Yes / No

Ethnicity, Religion and language:

Country of Birth

Ethnicity

Nationality

Religion

Languages spoken:

Native:

Home:

Other (can speak/understand):

Any physical or educational needs that your child has that we need to be aware of.

Following the introduction of the Equality Act 2010 schools are required to gather some information about our children and families regarding disability. The Equality Act states that someone is disabled if 'they have a mental or physical impairment which has substantial and long term adverse effect on their ability to carry out normal day to day activities'.

Any medical condition? (eg asthma, diabetes, sickle cell etc)

Do you think you may be entitled to free school meals (please circle) **Yes / No**
(This will be checked at point of admission)

By signing this form I/We agree to abide by the Chellaston Infant/Junior School Parent Code of Conduct.

Note: All information provided will remain with your child, unless you change it.

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

I confirm that:

- I wish to make an application for a place at **Chellaston Infant/Junior 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 on the basis of 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:
Mrs J Davis, Chellaston Junior School, Maple Drive, Chellaston, DERBY, DE73 6PZ