

**Ayasofia Primary School
Pupil Application Form**

**Please fill in this application and return to:
Ayasofia Primary School, 2 Whitechapel Road, London, E1 1EW**

SECTION A - Pupil Details

First Name (s):

Gender:

M F

Last Name:

Date of Birth:

Known As:

Home Address:

Postcode:

Neighbour LEA:

Home Telephone:

How will you
travel to school?

Place of Birth:

First time in UK? Y

N

Date of Arrival in UK:

Religion:

Ethnicity:

First Language:

SECTION B - Parents/Carers' Details

	1	2
Relationship:	<input type="text"/>	<input type="text"/>
Title:	<input type="text"/>	<input type="text"/>
First Name(s):	<input type="text"/>	<input type="text"/>
Last Name:	<input type="text"/>	<input type="text"/>
Home Address: (if different from pupils address)	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Home Tel:	<input type="text"/>	<input type="text"/>
Work Tel:	<input type="text"/>	<input type="text"/>
Mobile:	<input type="text"/>	<input type="text"/>

Other Emergency Contacts:

Relationship:	<input type="text"/>	
Title:	<input type="text"/>	First Name(s): <input type="text"/>
Last Name:	<input type="text"/>	Contact Number: <input type="text"/>

Siblings at other schools:

Name:	School:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Position in family:

Number in family under 16:

SECTION C - Medical Information

Doctor:

Address:

Postcode:

Is the pupil stated for a medical/physical impairment?

Y N

* please attach any details

Details of any medical conditions, including hearing or sight impairment:

Medication

Y N

Details:

Is this required to be administered by the school?

Y N

Details:

SECTION D - Previous Education

Education in the UK

List schools attended (most recent first)

Name of School: _____ Dates: _____ Year Group: _____

Name of School:	Dates:	Year Group:

Education Abroad

List schools attended (most recent first)

Name of School: _____ Country: _____ Dates/Year Group: _____

Name of School:	Country:	Dates/Year Group:

Language of instruction:

Classes completed:

Was English taught? Y N

Details of missed periods of schooling (more than 6 weeks):

SECTION E - Further Information

Language

Who can speak English at home?

Who can read English at home?

Who can write English at home?

Can anyone help you with homework?

Details of support with English in the UK:

Consent to Urgent Medical Treatment:

I give permission to a member of school Staff to give consent on my behalf for any urgent medical treatment to be given to my child in case of an emergency either in school or on a school trip. I understand that this member of school staff will inform as soon as possible should such a situation arise.

Name:

Date:

Signature: _____

Completed by:

Position:

Signature of Parent/Carer: _____

Date: _____

