



**APPLICATION TO THE LOCAL GOVERNING BODY FOR ADMISSION TO  
ST. MARGARET'S 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:**

<b>SURNAME</b>	
<b>FORENAME(S)</b>	
<b>HOME ADDRESS (INCLUDE POSTCODE)</b>	
<b>DATE OF BIRTH</b>	
<b>SEX</b>	
<b>YEAR GROUP</b>	

**PARENT/GUARDIAN/CARER DETAILS:**

	<b>PARENT/GUARDIAN/CARER</b>	<b>PARENT/GUARDIAN/CARER</b>
<b>TITLE</b>		
<b>SURNAME</b>		
<b>FORENAME</b>		
<b>TELEPHONE NUMBER</b>		
<b>EMAIL</b>		

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

Please see the school's Admission Policy (please see school website for details)

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.

Date:

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

Evidence of date of birth seen (sign and date)