Primrose Hill Primary School

Princess Road, Regent's Park, London NWI 8JL Tel: 020 7722 8500 admissions@primrosehill.camden.sch.uk www.primrosehill.camden.sch.uk



No

Application for Reception – Year 6 <u>When applying, please also provide a utility bill (either water or energy bill),</u> <u>a council tax bill and the child's birth certificate</u>

| Child's details: | | | | | | |
|--|----------------------------|-------------|----------------|-----------|--|--|
| Child's family name: | <u>Child's first name:</u> | | Date of birth: | Gender: | | |
| | | | | Male | | |
| | | | | Female | | |
| Child's nationality: Child's country of birt | | <u>rth:</u> | | | | |
| Full address: | | | | Postcode: | | |
| Previous/Current school attending: | | | | | | |
| Language(s) spoken at home: | | | | | | |

Parent/Guardian/ Carer I details:

| Parent/Carer I title: | Full name: | <u>Contact number:</u> |
|-----------------------|------------|------------------------|
| Mr/Mrs/Ms/Miss/Dr | | |
| | | |
| Email Address: | | |

Parent/Guardian/ Carer 2 details:

| Parent/Carer 2 title: | Full name: | Contact number: |
|-----------------------|------------|-----------------|
| Mr/Mrs/Ms/Miss/Dr | | |
| | | |
| Email Address: | | |

Priority reasons for admission

Please indicate if any of the following apply: You will need to provide evidence as appropriate

| Ι. | Does the child have a brother or sister already at the school? | Yes | No |
|------|--|-----|----------|
| Name | and Class (if yes) | | <u> </u> |

2. Are there any Special Educational Needs, Medical or Social factors that we should know about? If 'yes', please explain below. Yes

If a child has an Education and Health Care Plan (EHCP) or in the process of an assessment for one, please apply through The Camden SEN Team (sen.enquiries@camden.gov.uk)

| Signature of Parent/Guardian/ Carer:Date: | |
|---|--|
|---|--|