Abbey Primary School

Head Teacher: Mr N Harris

Foundation 1 Waiting List Form

Please complete in **BLOCK CAPITALS**

1.CHILD:

Surname/family name on birth certificate: _____

Forename(s):_____

Surname to be known as:_____

Previous surnames:_____

Date of Birth:_____ Male/Female (please cirlcle)

Home address:_____

_____ Postcode:_____

Home telephone number:_____ Mobile number: _____

Email address: _____

2. PARENT(S)/GUARDIANS(S) who share responsibility for the child

Name of Father/Guardian: *(Including initials & surname)*	Name of Mother/Guardian: *(Including initials & surname)*
Mr_____	Mrs/Miss/Ms_____
Address: (if different from above)_____	Address: (if different from above)_____
_____	_____
_____	_____
Mobile number:_____	Mobile number:_____
Daytime Tel. No. (& Ext)_____	Daytime Tel. No. (& Ext)_____

3. ADMISSION REQUESTS

Are you in the catchment area for Abbey Primary School? Yes/No

Does your child have a sibling attending Abbey Primary School? Yes/No

Are you interested in our 30-hour provision? Would you like to be added to the waiting list? Yes/No

Please state your preference for morning (8.35-11.35am), afternoon (12.20-3.20pm) or No preference

Signature of parent/guardian:	Date:

NOTE: Completing this form does not necessarily imply the school has agreed to accept your child. This information may be stored electronically by the school. Please inform the school office if any of the above details change.