Request for admission to
THE WEST BRIDGFORD SCHOOL

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.

ABOUT YOUR CHILD

Full legal name			
Date of birth		**Gender**	Male / Female / Other
Year Group you are apply for		**Date School place required**	
Address **(this must be the address at which your child is permanently living)**	**Post code:**		
Current school			
Date your child last attended school			
Is your child being home educated			Yes / No
Name and address of school attended outside the UK			

Looked after children and previously looked after children - If your child is looked after or previously looked after, please give the name of the local authority below. For previously looked after children please include additional information with your application.	
Local Authority /organisation	

SIBLINGS

Please enter details of any brothers or sisters attending school:

Name	Date of Birth	School attending

Please give reasons for application and other additional information

PARENT/CARER(S)

Name of parent/carer		
Title	Mr / Mrs / Ms / Dr	Other:
Parent address **(if different from the child's address)**	Post code:	
Your relationship with the child		
Email address		
Home telephone number		
Mobile telephone number		

I confirm that:

- I wish to make an application for the West Bridgford 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- I understand that my child's place may be withdrawn if it is proven to have been obtained on the basis of fraudulent or misleading information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 this application**

Signed …… **(parent/carer)** Date ……

Print name ……..

PLEASE RETURN THIS APPLICATION TO:

Admissions Department, The West Bridgford School, Loughborough Road, West Bridgford, Nottingham NG2 7FA. Or Email lattewell@wbs.school