



THE PLACE

INDEPENDENT SCHOOL

Hill Farm, Belvoir road, Bottesford

School Admission Referral Form

Surname of Child:

First Names:

(Please underline the name generally used)

Date of Birth:

Nationality:

Religion:

Current home address

Child's gender (please circle): Male Female

Proposed Term and Year of Entry:?

Name of parent/s Guardian -, Address/s (including postcode)

Daytime Telephone: Evening Telephone:

Email address:

Mobile Telephone:

Please say how you first heard of the School. Was it from:

Local Authority Present School Friends Website

Other (Please
give details)

Please state the name and address of the present school (with dates):

Name of Head:

Please outline any of your child's artistic, dramatic, musical or sporting skills or
experience (if applicable):

Please give an outline of your child's other hobbies or interests (if applicable):

Does your children have a Statement of Education Needs or EHC plan

If yes please attach copy of this.

Please list details of professionals currently supporting your child including CAMHS, Educational

Please confirm if this child is a Looked After Child.

Please provide us with details of any medical condition (including allergies), disabilities, educational, emotional, mental health need or learning difficulty of your child. Please provide details of any behavioral needs and difficulties your child has and support needed. Please confirm if this child is a Looked After Child. If English is not the child's first language, please also provide details of the language/s spoken at home. Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.



Signature

Date

Ethnicity Form

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with

parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary.

Please study the list below and tick one box only to indicate the ethnic background of the child named in the Registration Form attached to this Form. Please also tick whether the form was filled in by a parent or the child.

Name of Child:

Ethnic origin: please help our school to monitor their equal opportunities policy by completing this section. You may tick more than one box if applicable			
Asian/Asian British - Bangladeshi	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>
Asian/Asian British - Indian	<input type="checkbox"/>	Mixed- White and Black African	<input type="checkbox"/>
Asian/Asian British - Pakistani	<input type="checkbox"/>	Mixed – White and Black Caribbean	<input type="checkbox"/>
Asian/Asian British – any other	<input type="checkbox"/>	Mixed – any other	<input type="checkbox"/>
Black/Black British - African	<input type="checkbox"/>	White – British	<input type="checkbox"/>
Black/Black British - Caribbean	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>
Black/Black British – any other	<input type="checkbox"/>	White – any other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Traveller	<input type="checkbox"/>
European	<input type="checkbox"/>	Any other	<input type="checkbox"/>

Please return this form to the school with your completed Registration Form
 (Any information you provide will be used solely to compile statistics on diversity within the school. These statistics will not allow individual children to be identified).

