

THE POCHIN SCHOOL, BARKBY

PUPIL'S ADMISSION FORM

Please provide as much information as possible about your child.

Legal Surname: _____ Legal Forename: _____

Gender (M/F): _____ Date of Birth: _____

Preferred Surname: _____ Preferred Forename: _____

Middle Name(s): _____

Postcode: _____

Home Address: _____

Home telephone number: _____

Contact Information:

Legal Parent/Guardian

Title and Surname: _____ Forename: _____

Daytime Tel. No: _____ Day Place: _____

Home Phone: _____ Mobile: _____

E-mail: _____ Daytime Fax: _____

Address (if different to above): _____

Postcode: _____

Relationship to Pupil: _____ Parental Responsibility: Yes/No

Contact Information:

Legal Parent/Guardian

Title and Surname: _____ Forename: _____

Daytime Tel. No: _____ Day Place: _____

Home Phone: _____ Mobile: _____

E-mail: _____ Daytime Fax: _____

Address (if different to above): _____

Postcode: _____

Relationship to Pupil: _____ Parental Responsibility: Yes/No

Name, address and telephone number of school/nursery/play school _____

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Is health generally good? _____
(if not, please give details)

Does your child have any disabilities? Yes/no

If yes, please give details _____

Position in family _____

E.g. Only child would be 1/1, eldest of three 1/3 etc.

Date/term to start _____

Current council tax bill seen: yes/no

Birth certificate seen: yes/no

Please complete and return to:

The Pochin School
School Lane
Barkby
Leicester
LE7 3QL