

Watchorn School Application Form



(Reception class onwards)

Watchorn Christian School

Derby Road

Alfreton

DE55 7AQ

headteacher@watchornchristianschool.co.uk

School registration number: 830/6044

Information of Child			
Full Name			
Date of birth		Place of birth	
Gender	Male <input type="checkbox"/>	Female	<input type="checkbox"/>
Address			
Ethnicity			
Home language			
Special educational needs/additional needs.			
Family Information			
Name of parent/carer 1		Relationship to child	
Home address		Home telephone	
Contact email			
Name of parent/carer 2		Relationship to child	
Home address		Home Telephone	
Contact email			
Name of parent/carer 3		Relationship to child	
Home address		Home telephone	

Contact email			
Religious information			
Religion			
Address of place of worship			
Reason for applying to Watchorn Christian School			
General Information			
Which school year are you applying for? i.e. September 2019/2020			
Does your child have any siblings at the school/nursery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Deposit paid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<p>This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. Please note that completion of this form does not guarantee a place for your child, Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.</p> <p>If you find that you no longer need the place, please inform us as soon as possible.</p> <p>Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you.</p>			
Signed parent/carer 1		Date	
Signed parent/carer 2		Date	