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Melksham Oak Community School Admission Form
to be completed by parents/Guardians

Full Name of Child		
Child's Date of Birth		Gender: male/female
Previous School Name Address and Telephone no.		
Date on which admission is sought:		
Current address		
Current Tel number		
Future Address if moving to the area and Date of Moving (if known)		
Future Tel number (if known)		
Full Name of both Parents/Guardians	Dr/Mr/Mrs/Miss/Ms	Dr/Mr/Mrs/Miss/Ms
Relationship to child		
Parental Responsibility?	Yes/No	Yes/No
Address of Parent/Guardian if different to child		
Daytime Tel Number		
Home Tel Number		
Mobile Tel Number		
Contact Email address		
Emergency Contact Name, address and telephone number (We will always try to contact Parents first in the event of an emergency)		

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Relationship to child								
Parental Responsibility?	Yes/No							
Name of Doctor's Surgery								
Address								
Tel Number								
Does your child have any health problems? e.g. allergies, asthma etc. If yes, please specify	Yes/No							
Parental Special Requirements (e.g. hearing, vision or mobility difficulties)								
Is either parent a member of the Armed Forces?	Yes/No							
Home Language								
Religion								
Child's Ethnic Background								
Details of other children at Melksham Oak Community School	Name				Date of Birth			
Mode of Transport (please circle)	Walk	Cycle	School Bus	Service Bus	Car	Car Share	Taxi	Other
Meals (please circle)	Free Meal		School Meal		Sandwiches		Home	
Please give your reasons for wanting your child to attend Melksham Oak Community School								
FOR OFFICE USE ONLY								
Agreed Date of Admission								
Year and Tutor Group								
Interviewed by:								