

Previous Schools

Has your child attended any schools other than the one they presently attend? Yes No

a) School: Date of Leaving: / /

Reason for leaving:

b) School: Date of Leaving: / /

Reason for leaving:

c) School: Date of Leaving: / /

Reason for leaving:

Has your child ever been permanently excluded from a school? Yes No

If yes, please give name of school: Date of exclusion: / /

Please enter details of any sibling(s) already attending the Queensmead Primary Academy:

Full name: Date of Birth: Year Group:

.....
.....
.....

Details about the parent:

This form must be completed by the person who has the legal duty of care – if you are not the parent you must provide documentary proof that you have legal responsibility for the child.

Mr / Mrs / Miss / Ms / Dr Initial(s): Surname:

Your relationship to the child: Mother / Father / Carer Other (please specify)

Parents full address: (if different from child's):

..... Post Code:

Daytime telephone contact number: email address:

Declaration:

I/we confirm that:

- All the information given on this form is correct.
- I/we understand that if our child is given a place that place will be withdrawn if it is proven to have been obtained on the basis of fraudulent or misleading information.

Signed: Date: / /

You should complete and return this form to Mrs G Grimes, Queensmead Primary Academy, Winstanley Drive, Braunstone, Leicester LE3 1PF

Please mark the envelope 'Application for a place'.

Further details about the Queensmead Primary Academy are available on our website at www.queensmeadprimaryacademy.org.