



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

All details provided will be treated with the strictest confidentiality

APPLICATION FOR ADMISSION

Please return completed application to:

READ ACADEMY
34 Mansfield Road
Ilford Essex
IG1 3BD
TEL: 020 8554 9111

1. PERSONAL DETAILS:

Name of Child:

Date of Birth: *Gender: Boy / Girl (please circle)

Age of Child on 1st September 20__ : Year Group applying for:

Address:

.....

.....Postcode:

Telephone (with STD):

Nationality: Place of Birth:

Religion: Number of children in family:

Name of Father / Guardian:

Country of Origin:

Address if different from above:

..... Postcode:

Telephone (home): (Work):

Email Address..... Occupation:

Name of Mother / Guardian:

Country of Origin:

Address if different from above:

..... Postcode:

Telephone (home): (Work):

Email Address..... Occupation:

Is child living with mother/father or both:

If different from above please state who the child is living with:

Siblings in School:

Do you have any other children in this school? Yes / No (Please circle)

If yes, what is the full name of your child/ren and please indicate the year group of each child?

.....

2. INFORMATION IN CASE OF EMERGENCY:

**In the case of an emergency if the School is unable to reach either Parent or Guardian,
please indicate an alternative contact below:**

Name: Telephone:

Address:.....
..... Postcode:

Relationship to Child?

3. MEDICAL INFORMATION

Name of Child's Doctor:

Name of Surgery and Address:

Postcode: Telephone:

Does your child suffer from any illness, disability or allergy? Yes No

If Yes, please give further details:

Does your child have any special dietary requirements? Yes No

If Yes, please give details, particularly of the foods to avoid:

Does your child wear glasses? Yes No

Does your child wear a hearing aid? Yes No

Will your child be bringing any medication to school? Yes No

If Yes, please give details:

Any other important medical information?

I / We hereby give permission for any member of school staff who is a paediatric first aider to administer emergency medicine, advice or treatment , and to take my child to hospital should the need arise.

I / We will not hold the school responsible for the implementation of the above.

Signature: Date:

4. LAST SCHOOL / NURSERY ATTENDED:

Name of School / Nursery:

Address:
..... Telephone:

Dates Attended – From: To:

Form / Class: Name of Head Teacher:

5. FINANCE:

If your child is offered a place at Read Academy, which method of payment would you prefer?

ANNUAL (£3999)* PER TERM (£1333)

**If annual fee is selected a discount of £100 will be applied*

6. DECLARATION:

Please read the Terms and Conditions:

- Submission of a completed application form does not guarantee a place;
- The school’s up-to-date school prospectus in its entirety has been read and understood and I/we understand the procedure by which the application will be assessed;
- I/We understand a formal interview is a mandatory part of the admissions process;
- The information submitted in the form is correct and that any misleading information or contradictions will have negative implications on the application and if the child has already been admitted to the school, could lead to his/her withdrawal;
- Unsigned and incomplete applications will not be accepted;
- A copy of the child’s birth certificate is submitted with this form.

By signing this application form I/We confirm agreement to the above Terms and Conditions:

Signed Applicant: Date:

Signed Joint Applicant: Date:

FOR ADMINISTRATIVE USE ONLY

DATE RECEIVED:..... ACTION TAKEN: 1) Accepted 2) Waiting List 3) Apologised
ADMISSION NUMBER: DATE OF ADMISSION:

NAME OF STAFF: DATE: