

Head Teacher: Mrs C Bainbridge

Maple Tree Primary School HAWK DRIVE SANDY BEDS SG19 2WA

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Deputy Head: Miss A Hyde

## Application Form for Inclusion on the Admission Register

Application Form	nor inclusion on the Aun	naaion ixegiatei		
Personal Details of	Child			
Child's Surname				
Child's First Name				
Date of birth			Male  Female	
Home address				
No and street name				
Town				
Postcode		Address tel no		
Mothers Name:		Fathers Name:		
Address if different from above;		Address if different from above:		
Telephone No:		Telephone No:	Telephone No:	
Mobile No:		Mobile No:		
Name of any related purp	il currently at this school:	·		
Full Name		Relationship to above pupil		Age
Does your child have an	y health concerns:	Yes □ N	0 🗆	
If yes please give details:				
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If yes please give details:	y special educational needs:	Yes 🗆 N	0 🗆	
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	ged children will be contacted toward	ds the end of the term	before your child is du	e to start, or earlier if a
place becomes available Nursery places will be of	fered in October for the year ahead,	late applications will b	e processed as places	s become available
		таке арригация и и	о р. ососоо а со р. а со	
be disclosed and held by the Lo Authority) and the Connexions S	s supplied on this form will be held and/or comcal Education Authority, the DCSF (Departme Service where children are aged 13 or above.	nt for Children, Schools and I	Families), the QCA (Qualifica	
rour personal details will be sat	eguarded and will not be divulged to any othe	mulviduais of organisations	ioi any other purposes.	
FOR OFFICE USE ONLY	:			
DATE PROGRAMS		SIGNATURE:		
DATE PROCESSED:  RATCH NUMBED:		FILED: WAITING LIST:		
BATCH NUMBER:		WAITING LIST:		