

SHILBOTTLE PRIMARY SCHOOL

School Admissions (please see school website for more information)

School Admissions categories:

1. Application for child to start in Reception in the September following their 4th birthday – please apply online via the Northumberland County Council Website
https://online.northumberland.gov.uk/citizenportal/form.aspx?form=school_adm
2. Application for child wishing to move school (In Year Application) – please apply online via the Northumberland County Council Website
https://online.northumberland.gov.uk/citizenportal/form.aspx?form=school_adm
3. Early Entry to Reception – if your child has applied for a full time placement with us in the September following their 4th birthday they may be entitled to enter our pre-Reception class on a full time basis in either the Spring term or Summer term if they are aged 4 before the term commences. If these conditions apply to you please complete the following application form.

Early Entry Application Form

Name of Child	
Date of Birth	
Address (including postcode)	
Applying/Applied for place at Shilbottle Primary in September	First choice - Yes/No (delete as appropriate)
Copy of birth certificate attached	Yes/No
Nursery Attended (if applicable)	

Parent 1 Details: Name	
Address (state as above if same as child)	
Phone Number and Email	
Parent 2 Details: Name	
Address (state as above if same as child)	
Phone Number and Email	
Emergency Contact 1: *	
Relationship to child:	
Phone Number:	
Emergency Contact 2: *	
Relationship to child:	
Phone Number:	
Emergency Contact 3 : *	
Relationship to child:	
Phone Number:	

*Please note emergency contacts should be made aware they have been nominated and ideally available at times parents may not be able to get to school in the case of an emergency (preferably based in Shilbottle if possible).

Brother/Sister's Name	Date of Birth	School Attended (if applicable)

Child's Health Record								
	Yes	No		Yes	No		Yes	No
Allergies			Nose Bleeding			Hospitalisation		
Asthma			Hearing Problems			Regular medication		
Epilepsy			Sight Problems			Serious illness		
Heart Condition			Speech Difficulties			Other		
<p>Please give details of any concerns relating to your child's health:</p> <p>Doctor's Name/Group Practice.....Tel no.....</p> <p>Dentist's NameTel no.....</p>								
<p>Any other relevant information: (for example, dietary needs, work with other medical professionals)</p> 								

Office Use	
Date received	First Choice Application for September Yes/No
Any additional information required Yes/No	Birth Certificate attached: Yes/No
Expected Start Date:	Information required from other Agencies
Unique Pupil Number Allocated:	