



**ASHMOLE PRIMARY**  
 c/o Ashmole Academy  
 Cecil Road, Southgate, London N14 5RJ  
 Tel: 020 8361 2703      Email: [office@ashmoleprimary.org](mailto:office@ashmoleprimary.org)

**Application Form for Admissions to Reception Class**

The completed form must be returned to the school by **15<sup>th</sup> January 2016** together with all documentation confirming your child's date of birth and address

|  |   |
|--|---|
| <b>Child's Forename(s):</b>  | <b>Child's Surname:</b>   |
| <b>Male / Female</b>   | <b>Date of Birth:</b><br><br>[Please enclose a copy of child's birth certificate or passport] |
| <b>Home Language:</b>  | <b>Ethnicity:</b>   |
| <b>Name of Parents/Carers:</b>   |   |
| <b>Home Address at time of Application:</b><br>[Please note this must be the address where the child normally lives. If this is different from the parent/carer address, please give reasons for this. If parents share custody, this must be stated and both addresses shown.]                    |   |
| .....<br>.....<br><p style="text-align: right;"><b>Post Code:</b> .....</p>  |   |
| Proof of address must be submitted with this form. This must be two of the following documents:<br>Child's medical card, child benefit documentation, child's bank/building society documentation,<br>council tax notification, a utility bill less than 3 months old, mortgage or rent agreement. |   |
| <b>Home Telephone No:</b>  |   |
| <b>Mother's Mobile No:</b>   | <b>Father's Mobile No:</b>  |
| <b>Mother's Email:</b>   | <b>Father's Email:</b>  |
| <b>Name and Address of any previous Nursery/School attended:</b>   |   |
| .....<br>.....   |   |
| <b>Parent's Signature:</b>   | <b>Date:</b>  |
| <b>Check List:</b> I have enclosed the following completed documentation in respect of my child:   |   |
| Copy of Birth Certificate or Passport  | <input type="checkbox"/>  |
| 2 documents stating child's address  | <input type="checkbox"/>  |
| <b>For office use only:</b>  |   |
| <b>Checked:</b> .....  | <b>Dated:</b> .....   |