

LUBAVITCH RUTH LUNZER GIRLS' PRIMARY SCHOOL
SCHOOL APPLICATION FORM



(PLEASE COMPLETE USING **BLOCK CAPITALS**)

Particulars of Child

Surname _____ First Name _____
Full Hebrew Names _____ D.O.B: _____
Address _____
Post Code _____ Telephone _____ Mobile _____
Email address: _____
Ethnic Background: White – Orthodox Jewish / White - British /White - European / White – Other

Particulars of Father

Cohen / Levi / Yisroel Member of _____ Synagogue
Name _____ Full Hebrew Names _____
Date of Birth _____ Occupation _____
Daytime Contact No / Mobile _____

Particulars of Mother

Name _____ Full Hebrew Names _____
Date of Birth _____ Maiden Name _____
Occupation _____
Daytime Contact No / Mobile _____

Particulars of Marriage

Date of Marriage _____
Under which Rabbinical Authority _____

Particulars of Family

Other Children	M or F	Date of Birth	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Information: Has your child had any of the following?

Mumps	Yes/No	German measles	Yes/No
Measles	Yes/No	Other (please state)	Yes/No
Chicken Pox	Yes/No		

Please write the dates of your child's immunisation for the following:

DPT DATE: _____ Whooping cough DATE: _____ MMR DATE: _____

Give information on any known allergies or other problems. Please attach any medical or hospital reports.

Any Special Dietary requirements _____

Does your child have any special medical/social needs? _____

Name of Group Practice/ Doctor's Surgery with telephone number and postcode:

Nationality: _____ Pupil's country of birth _____

If not born in the U.K., year of arrival in the UK: _____

Pupil's Family Language – Please enter any family languages that are spoken _____

Mode of travel – How will you travel to school each day? _____

Do you receive benefits such as Job Seeker's Allowance, Income Support, Child Tax Credit or Universal Credit?

YES/NO Which benefits are you receiving.....

VERY IMPORTANT: So that we the Learning Trust can assess all Pupil's eligibility for Free School Meals, we ask that all Parents/Guardians complete the **Free School Meals** form provided and return it as part of the admission process.

Passport Details

Passport number: _____ Issue date: _____

Expiry date: _____ Name on passport: _____

Visa No. _____ Visa expiry date: _____

Contact Information in case of Emergency

Name and address of relative or friend where child may be taken in case of emergency:

1. Name _____ Telephone _____
Address _____ Relationship _____

Parental Consent and Other Information

Do you have a **computer** at home?.....Signature.....

Do you have **internet access** at home?.....Signature.....

- We would like to take photos of the children for use in the primary school leaflets, or for display purposes in school. I have no objection to this.
Signature.....Date.....

- A letter will be sent before going on special trips, where parents will be required to complete a permission slip, with the exception of routine visits to local parks. I have no objection to my child being included.
Signature.....Date.....

- In the case of an emergency, if we cannot contact the parents, the school will seek any necessary emergency medical advice or treatment e.g. **HATZOLA**.

I have no objection to this

SignatureDate.....

FOR SCHOOL USE ONLY

YEAR GROUP.....ADMISSION..... DATE.....

DATE INPUT ONTO SIMS BY: