



## Application Form – Admission to Infant and Primary School 2026/2027

If you wish to apply for a school place for your child, please apply through the school. Could you please also complete this Application form in **BLOCK CAPITALS** and return it to [marion.karpowicz@prioryschool.com](mailto:marion.karpowicz@prioryschool.com). **PLEASE ENSURE YOU SELECT THE YEAR GROUP YOU ARE APPLYING FOR BELOW.**

Reception ☐
 Year 1 ☐
 Year 2 ☐
 Year 3 ☐
 Year 4 ☐
 Year 5 ☐
 Year 6 ☐

### PUPIL DETAILS

|                                                                                    |  |             |               |
|------------------------------------------------------------------------------------|--|-------------|---------------|
| Surname                                                                            |  | Forename(s) |               |
| Date of Birth                                                                      |  | Gender      | Male / Female |
| Address (Please provide a copy of current council tax statement to verify address) |  |             |               |
| Postcode                                                                           |  |             |               |

### DETAILS OF PARENT(S)/CARER(S)

| First Parent/Carer                            | Title: Mrs/Miss/Ms/Mr/Dr/Other<br>..... | Second Parent/Carer                           | Title: Mrs/Miss/Ms/Mr/Dr/Other<br>..... |
|-----------------------------------------------|-----------------------------------------|-----------------------------------------------|-----------------------------------------|
| Surname                                       |                                         | Surname                                       |                                         |
| Forename                                      |                                         | Forename                                      |                                         |
| Date of birth                                 |                                         | Date of birth                                 |                                         |
| National Insurance Number                     |                                         | National Insurance Number                     |                                         |
| Relationship to Child                         |                                         | Relationship to Child                         |                                         |
| Home Telephone                                |                                         | Home Telephone                                |                                         |
| Work Telephone                                |                                         | Work Telephone                                |                                         |
| Mobile Number                                 |                                         | Mobile Number                                 |                                         |
| Email Address                                 |                                         | Email Address                                 |                                         |
| Address (If different from above)<br>Postcode |                                         | Address (If different from above)<br>Postcode |                                         |

|                                                                                                                                                       |          |                                                                                                                                                       |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Is your child in the public care of a local authority?                                                                                                | YES / NO | Does your child have an EHCP?                                                                                                                         | YES / NO |
| If Yes, please state which authority:                                                                                                                 |          |                                                                                                                                                       |          |
| If Yes, please also provide a letter from Social Services confirming the legal status of the child and the local authority responsible for the child. |          | Previous School:                                                                                                                                      |          |
| Is the child above privately fostered?                                                                                                                | YES / NO | A child is considered to be privately fostered if they are cared for by someone other than the parent without the involvement of the local authority. |          |

### DECLARATION AND SIGNATURE OF PARENT / CARER

#### DATA PROTECTION STATEMENT:

All data is processed in line with GDPR regulations. For further information on how your data is used please see our privacy notice on our website [www.prioryschool.com](http://www.prioryschool.com).

- I wish to apply for a place at Priory School.
- I certify to the best of my knowledge, the information given is correct.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this application invalid, or lead to the offer of a place being withdrawn at a later date.
- I agree to notify the school of any change in my child's circumstances.

|                                |  |       |  |
|--------------------------------|--|-------|--|
| Signature of Parent / Guardian |  | Date: |  |
|--------------------------------|--|-------|--|