



APPLICATION FORM FOR INFANT DEPARTMENT ADMISSION

Please complete in block capitals and attach a copy of your child's birth certificate.

Cheadle Hulme School

Child's Surname:

First Name(s):

(Please underline the name which is generally used)

Child's Date of Birth:

Boy

Girl

Address:

..... Postcode:

Proposed date of entry

Year group on entry

Parent 1 Name : Occupation:

(Please state title Mr/Dr/Mrs/Miss etc)

Address, if different from child's :

..... Postcode

E-mail address:

Daytime telephone: Evening telephone:

Parent 2 Name: Occupation:

(Please state title Mr/Dr/Mrs/Miss etc)

Address, if different from child's:

..... Postcode

E-mail address:

Daytime telephone: Evening telephone:

Present Nursery/School: Date of Admission:.....

(full name)

Address:

Name of Headteacher/Keyworker: *(with title)*

Please mention here the names of any other members of the family attending the School or registered for entry, or any other connection with the School. *Please give names and dates, and Mother's maiden name if a Former Pupil.*

PLEASE TURN OVER

Is your child 'Cared for', or been previously 'Cared for' by a Local Authority?

Please state any medical conditions (including allergies).

Please give details of any specific learning difficulty, special learning need or disability. *Please submit a copy of any SEND reports previously obtained with your completed application form.*

Please tick if English is not the main language spoken at home for your child ?
(Main Language spoken at home)

Please outline any of your child's artistic, dramatic, musical or sporting skills or experiences (if applicable).

Please give an outline of your child's other hobbies or interests (if applicable).

NOTES

Early registration is recommended.

Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the standard terms and conditions are available at cheadlehulmeschool.co.uk.

DECLARATION

We request that our named child be registered as a prospective pupil.

Paying your £50 registration fee (non-refundable):

BACS payments can be made to: a/c name Cheadle Hulme School, a/c number: 10519550, sort code: 09-02-22. Please use your child's name as a reference. Alternatively, payment can be made by card by contacting the Finance Department on 0161 488 3330 ext 3205.

Please tick if your registration fee has been paid by BACS. Date of payment.....

We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealing with the School.

First signature Second signature

Name in full Name in full

Relationship to child Relationship to child

Date Date

PLEASE RETURN THIS FORM TO:

The Admissions Office, Cheadle Hulme School, Claremont Road, Cheadle Hulme, Cheshire. SK8 6EF
Telephone: 0161 488 3345 E-mail: admissions@chschoo.co.uk