

CASUAL ADMISSION QUICK FORM

Only to be used where a school has 5 or more vacancies in the relevant year group



Office Use Only –

CHILD'S DETAILS

Forename

Surname

Date of Birth

Male

Female

Child's Home Address

Child's Current School (If applicable)

Does the child have a Statement of Special Educational Need?

Yes

No

Is the child a Looked After Child? (In Local Authority Care)

Yes

No

GUARDIAN DETAILS

Title

Relationship to child

Forename

Surname

(Address if different from above)

Contact telephone numbers

1

2

Contact email address

SCHOOL INFORMATION

School Name

DCSF

I can confirm that this school has an available place in the relevant year group and give permission on behalf of the Governing Body for the Local Authority to make the formal offer of a place.

Signed

Earliest start date

Print Name

Position