



ASKWITH COMMUNITY PRIMARY SCHOOL
 Askwith
 Nr Otley
 North Yorkshire
 LS21 2JB

Tel (01943) 462896
 E-mail: admin@askwith.n-yorks.sch.uk
www.askwith.n-yorks.sch.uk
 Headteacher: Mr D Parker

Thank you for registering your interest for your child to attend Askwith C P School. Please complete the registration form below and return to the school office. Please note: This form is for school purposes only, and does not constitute an official school place for your child. You will need to complete an on line application to your local Education Office. Please see their website for more details.

Askwith C P School Registration Form

Applicant Information

Last Name	First Name	Middle Name(s)
DOB (Day, Month, Year)	Age at Entry	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Applying for Year (Reception-Y6)	Academic Term* (Please circle below) Autumn = (Sep-Dec) Spring = (Jan-Mar) Summer = (Apr-Jul)	
Religion	Nationality	
Present Nursery/School (if applicable)	Address of Present Nursery/School (if applicable)	
Nursery Manager's Name/Headteacher's Name at Present Nursery/School (if applicable)	Reason for Leaving Present Nursery/School (if applicable)	
Does your child have any medical or psychological conditions? Please provide details / relevant documentation		

Family Information

	Father/Guardian	Mother/Guardian
Surname		
First name, Middle Initial		
Mr. / Mrs. / Miss. / Ms. / Dr.		
Home Address		

Home Phone		
Mobile Phone		
Home Email		
Business Email		
Occupation		
Employer/Self Employed		
Employer's Address		
Business Phone		

Sibling Information (aged 16 and under)

	Sibling	Sibling	Sibling
Name			
Age			
Gender			
Current School			
Year			

Please indicate how you came to hear about Askwith C P School

<input type="checkbox"/> Parent	<input type="checkbox"/> Website	<input type="checkbox"/> Reputation	<input type="checkbox"/> Other
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Reasons for Applying to Askwith C P School:

Declaration (To be signed by Parent / Guardian)

We acknowledge that this application does not automatically admit the applicant to Askwith C P School. We understand that we shall apply through our Local Authority's Education Department.

Signature (Parent/Guardian)	Date

