



Head Teacher: Miss Sarah Vass

Great Totham Primary School
 Walden House Road,
 Great Totham.
 CM9 8PN

01621 891091

admin@greattotham.essex.sch.uk

Mid - Year Admission Application

Date of Application :	
Year Group(s) for which a space is requested :	YR <input type="checkbox"/> Y1 <input type="checkbox"/> Y2 <input type="checkbox"/> Y3 <input type="checkbox"/> Y4 <input type="checkbox"/> Y5 <input type="checkbox"/> Y6 <input type="checkbox"/>

Parent / Carer Contact Details :

Full Name	
Relationship to child	
Home Telephone No.	
Mobile Telephone No.	
Email Address	
Home Address (Please provide <u>current</u> home address and details of proposed new address if you are in the process of moving house).	
What date are you moving (if applicable)	

Child 1 :

Surname		D.O.B.	
First Names		Gender	
Current School			

Child 2 (if applicable) :

Surname		D.O.B.	
First Names		Gender	
Current School			
Name of any other siblings			
Surname		D.O.B.	
First Names		Gender	
Current School			

Other Information :

Does your child have an Education, Health and Care Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any exceptional medical reasons why your child should specifically attend your preferred school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child cared for by a Local Authority or is he/she a previously looked after child?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which Local Authority?

Please complete this form in full and make arrangements to submit to our school office, full details as stated in the header of this form.

Please refer to the school website for full details of our data protection policy and Privacy Notice.

OFFICE USE ONLY :

Date response letter issued:	
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