Fordley Primary School

Dudley Drive

Dudley

Northumberland

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**APPLICATION FOR FORDLEY FLYERS**

|  |  |
| --- | --- |
| CHILD’S **LEGAL** SURNAME |  |
| CHILD’S **CHOSEN** SURNAME |  |
| CHILD’S FIRST NAME |  |
| CHILD’S MIDDLE NAME(S) |  |
| Male/Female(please circle) | Date of Birth | If there is a choice, would you prefer a morning orafternoon place? (please tick) AM PM |
| Address of Child:  | Full Name and Address of Parent/Carer (1) |
|  | Name:  |
|  | Address: |
|  |  |
| Post Code: |  Post Code: |
| Home Telephone No. | Mobile Telephone No. |
| Email: |  |
| **The following information regarding the parent/carer is required to determine if you are entitled to a funded 2 year old place.** | Full Name and Address of Parent/Carer (2) |
| Name: |
| Address: |
| **Surname:** |  |
| **Date of Birth:** |  Post Code: |
| **National Insurance No:** | Mobile Telephone No. |
| Ethnicity (e.g Whte/British) |  | First Language(e.g English, Chinese) |  |
| Religion (please state none, if none) |  | Travel Arrangements(e.g walk, car, bus) |  |
| Names of brothers and/or sisters | Date of Birth | Current School Attending |
|  |  |  |
|  |  |  |
|  |  |  |
| Name of Health Visitor: |
| Name of Family Doctor: |
| Address: |
|  Telephone No. |
| Any medical information (e.g allergies, medical conditions) |
|  |
|  |
| Signature of Parent/Carer Date: |
| **(OFFICE USE ONLY)**Birth certificate seen? Yes No Signature: Date received: |