Fordley Primary School

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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 or  afternoon 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: | | | | |