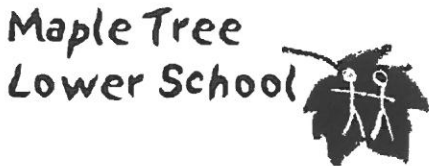


| | |
|---|--|
|  | Maple Tree Lower School HAWK DRIVE SANDY BEDS SG19 2WA E-mail mapletree@cbc.beds.sch.uk www.mapletreelowerschool.com |
| | Head teacher: Mrs P Duncombe |

Application Form for Inclusion on the Admission Register

Personal Details of Child

| | | | |
|-----------------|--|-------------------------------|---------------------------------|
| Child's Surname | | | |
| Child' | | | |
| Date of birth | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |

Home address

| | | | |
|--------------------|--|----------------|--|
| No and street name | | | |
| Town | | | |
| Postcode | | Address tel no | |

| | |
|----------------------------------|----------------------------------|
| Mothers Name: | Fathers Name: |
| Address if different from above: | Address if different from above: |
| Telephone No: | Telephone No: |
| Mobile No: | Mobile No: |

Name of any related pupil currently at this school:

| Full Name | Relationship to above pupil | Age |
|-----------|-----------------------------|-----|
| | | |
| | | |
| | | |

Does your child have any health concerns: Yes No

If yes please give details:

Does your child have any special educational needs: Yes No

If yes please give details:

Data Protection Act 1998

Please note that personal details supplied on this form will be held and/or computerised by **Maple Tree Lower School** for Education purposes. The information will be disclosed and held by the Local Education Authority, the DCSF (Department for Children, Schools and Families), the QCA (Qualifications and Curriculum Authority) and the Connexions Service where children are aged 13 or above.
Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.

FOR OFFICE USE ONLY:

| | |
|-----------------|---------------|
| DATE RECEIVED: | SIGNATURE: |
| DATE PROCESSED: | FILED: |
| BATCH NUMBER: | WAITING LIST: |