

COOKRIDGE HOLY TRINITY CHURCH OF ENGLAND (AIDED) PRIMARY SCHOOL  
GREEN LANE, COOKRIDGE, LEEDS LS16 7EZ

APPLICATION FOR ADMISSION TO SCHOOL

**CONFIDENTIAL**

Surname of Child: ..... Forename: .....  
Other names: ..... Date of Birth: .....  
Address: ..... Telephone: .....  
..... Mobile: ..... (Mother)  
..... Mobile: ..... (Father)  
..... E-mail: .....  
Names of Parents or Guardians: Father: .....  
Mother: .....

Names of other children at the same address:

Name	Date of Birth	School / Nursery presently attended
.....	.....	.....
.....	.....	.....
.....	.....	.....

We are a community school and as such admission to Cookridge Holy Trinity does not require church membership, however, please read the statement below carefully before signing this document.

**We understand that if our child is offered a place at the school and we accept it then we are committed to accepting the ethos and Christian principles under which the school is run.**

Signature of Parent(s) / Guardian(s): .....  
.....

Please return the completed form together with the Supplementary Information Form and Admission Form to:

The Headteacher  
Cookridge Holy Trinity Church of England (Aided) Primary School  
Green Lane  
Cookridge  
LEEDS LS16 7EZ

COOKRIDGE HOLY TRINITY CHURCH OF ENGLAND (AIDED) PRIMARY SCHOOL  
GREEN LANE, COOKRIDGE, LEEDS, LS16 7EZ

ADMISSION FORM

Your Child's Surname: ..... Forename: .....

Middle name(s): ..... Chosen name: if different to forename .....

Gender: (F/M) ..... Date of Birth: ...../...../.....

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SIBLINGS if there are brothers/sisters in the school, please give the full name & present class:

Name: ..... Class: .....

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DETAILS OF PARENTS/GUARDIANS: (for full emergency contacts see overleaf)

	Title/Initial & Surname	Home address (if different to above)	Tel number
Mother	.....	.....	.....
Father	.....	.....	.....
Guardian (if applicable)	.....	.....	.....

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EDUCATIONAL HISTORY (if applicable)

Previous School/Nursery	Address	Dates of starting & leaving
.....	.....	...../...../..... to ...../...../.....

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**ETHNICITY**

This information is treated in strictest confidence by the School and is requested purely for statistical returns to the Education Authority so that spending can be more closely targeted. These returns DO NOT include Individual's names/details. We ask for your co-operation in completing this information fully so that the School can obtain any extra funding that may be available from time to time.

Ethnic Origin: ..... Home Language ..... Religion .....

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**MEDICAL INFORMATION**

Doctors surgery name: ..... Tel num .....

Address .....

Medical Conditions/Allergies .....

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DINNER ARRANGEMENTS – Please tick appropriate box

School dinner – free  School dinner – paid  Sandwiches  Home  Other

Signatures .....

Please add contact details overleaf



## EMERGENCY CONTACTS

Please give details of all persons who have legal parental responsibility of this pupil and anyone else who can be contacted in an emergency when you are available. Please use the contact priority (numbers 1-6) to indicate the preferred order in which contacts should be contacted.

Surname .....	Title .....
Contact priority .....	Gender (M/F) .....
Daytime telephone no .....	
Daytime Place .....	
Home Address .....	
..... Postcode .....	
Does the above named contact have Parental Responsibility for the child? (Y/N) .....	
Please indicate Relationship to child .....	
(e.g Parent, Grandparent, Aunt, Childminder)	

Surname .....	Title .....
Contact priority .....	Gender (M/F) .....
Daytime telephone no .....	
Daytime Place .....	
Home Address .....	
..... Postcode .....	
Does the above named contact have Parental Responsibility for the child (Y/N) .....	
Please indicate Relationship to Child .....	
(e.g Parent, Grandparent, Aunt, Childminder)	

Surname .....	Title .....
Contact priority .....	Gender (M/F) .....
Daytime Telephone no .....	
Daytime Place .....	
Home Address .....	
..... Postcode .....	
Does the above name contact have Parental Responsibility for the child? (YN) .....	
Please indicate Relationship to child .....	
(e.g Parent, Grandparent, Aunt, Childminder)	

Surname .....	Title .....
Contact priority .....	Gender (M/F) .....
Daytime telephone no .....	
Daytime place .....	
Home Address .....	
..... Postcode .....	
Does the above named contact have Parental Responsibility for the child? (Y/N) .....	
Please indicate Relationship to child .....	
(e.g. Parent, Grandparent, Aunt, Childminder)	

Surname .....	Title .....
Contact Priority .....	Gender (M/F) .....
Daytime Telephone no .....	
Daytime place .....	
Home Address .....	
..... Postcode .....	
Does the above named contact have Parental Responsibility for the child? (Y/N) .....	
Please indicate Relationship to child .....	
(e.g Parent, Grandparent, Aunt, Childminder)	

Surname .....	Title .....
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Daytime Telephone no .....	
Daytime place .....	
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Please indicate Relationship to child .....	
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