



REAY PRIMARY SCHOOL
Hackford Road, London SW9 0EN
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IN YEAR APPLICATION FORM (Reception – Year 6)

DETAILS OF CHILD:

SIBLING ATTENDING REAY YES ☐ NO ☐

SURNAME

OTHER NAME/S

GENDER DATE OF BIRTH

ADDRESS

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TELEPHONE NUMBER/S

EMAIL

OTHER CHILDREN IN FAMILY

FULL NAME	DATE OF BIRTH	SCHOOL ATTENDED
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DETAILS OF PARENTS/CARERS

NAME OF 1st PARENT/CARER

NAME OF 2nd PARENT/CARER

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CHILDREN APPLYING WHO ARE ALREADY ATTENDING SCHOOL:

NAME OF SCHOOL YEAR GROUP

ADDRESS OF SCHOOL.....

BOROUGH OF RESIDENCE

SIGNATURE OF PARENT/CARER DATE

Is the child a Looked after Child? (in Local Authority care)	Yes/No
Does the child have Special Educational Needs (SEN)?	Yes/No
Does the child have an EHCP?	Yes/No

(If you are claiming a place on the ground of SEN you must supply evidence from an appropriate professional (GP, Social Services etc.) at the time of application)

Does the child have particular health/medical needs?	Yes/No
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If Yes, please give details:

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For office use only:

Birth Certificate Seen:	Yes/No	Seen by	Date:
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Proof of Residence Seen:	Yes/No	Seen by	Date:
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(A recent child benefit, child tax credit or council tax letter)