



Evergreen Primary School

Enrolment Form 2018-19

(Existing Pupils)

Swan Mews, Off Pursers Cross Road, London SW6 4QT

Tel: 020 7471 8287 (Temporary)

Child's details

Class you are applying for

When would you like your child to start. Please write date above

First Name

Surname

Gender (M/F)

Date of Birth

Current address of your child

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Flat / Door Number | Street / Road | Borough / | City/Town | Postcode |

Ethnicity

1st language spoken

2nd Language spoken

Nationality

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Last school your child attended

| | | | |
|----------------------|-----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of the school | Address of the school | Postcode | Tel Number |

Date attended

From:

To:

Class attended

Learning needs: Does your child have any specific learning needs? If YES, please give details

Siblings already attending Evergreen Primary School

| | Fill name of child | Gender | Class attending | Note |
|---------|----------------------|----------------------|----------------------|----------------------|
| Child 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Child 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Child 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Child 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Medical & Physical needs: Does your child have any medical or physical needs? If YES, please give details

Allergies: Does your child suffer from any allergies? If YES, please give details

Medication: Is your child currently on regular medication? If YES please give details and explain what is required?

GP (General Practitioner): Please give details of your child's GP (Doctor)

| | | | | |
|----------------|-----------------|--------------------|----------|------------|
| | | | | |
| Name of Doctor | Name of Surgery | Address of Surgery | Postcode | Tel Number |

Parents / Carer's details

Father's details

| | | | |
|------------|---------|-------------------------------------------|----------|
| | | | |
| First Name | Surname | Address if different form child's address | Postcode |
| | | | |
| Tel. Home | Mobile | Email address | |

Mother's details

| | | | |
|------------|---------|-------------------------------------------|----------|
| | | | |
| First Name | Surname | Address if different form child's address | Postcode |
| | | | |
| Tel. Home | Mobile | Email address | |

Emergency contact details

| | | | |
|------------|---------|-------------------|--------------|
| First Name | Surname | Relation to child | Tel / Mobile |
| | | | |
| | | | |
| | | | |

School Fees: How are you going to pay the school fees for your child? Please select your preferred option and method

School Fees £3250 per annum including £50 Registration Fees. School meal will be extra (current cost is £2.50 per meal)

| Option No | Payment option available | Please write below your preferred option and method | Note |
|-----------|--------------------------|-----------------------------------------------------|------|
| Option 1 | Full Payment in advance | | |
| Option 2 | 3 termly instalments | | |
| Option 3 | 10 monthly instalments | | |
| | | | |

I the parent / carer agree of the my child named above, agree if he/she is admitted to Evergreen Primary, will support the school and encourage my child to do so. We will also undertake to abide by all rules and regulations enforced. I will also make sure that my child attend school regularly, he/she is always punctual and pay the school fees on time.

| | | | |
|------------------------|-------------------|--------|------|
| | | | |
| Parent/carer full name | Relation to child | Signed | Date |

For office use only: Check list

Note

| | | | | | | | |
|----|--------------------------------|--|--|--|--|--|--|
| 1 | School Home agreement | | | | | | |
| 2 | E-Safety agreement | | | | | | |
| 3 | Photography consent form | | | | | | |
| 4 | Previous school report | | | | | | |
| 5 | Medical consent forms / Calpol | | | | | | |
| 6 | Late collection form | | | | | | |
| 7 | Proof of ID | | | | | | |
| 8 | Proof of address | | | | | | |
| 9 | Fee payment form | | | | | | |
| 10 | Local trip consent form | | | | | | |
| 11 | Starting date | | | | | | |
| 12 | School Uniform - ordered | | | | | | |
| 13 | Payment option selected | | | | | | |
| 14 | School meal option Yes/ No | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |