



**Greenside Film Factory
London W12 9PT**

Admin Email: admin@greensideschool.org

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Tel: (020) 8743 6421

Executive Head: Karen Bastick-Styles (karenbs@greensideschool.org)

Head of School: Robin Yeats (robiny@greensideschool.org)

GREENSIDE APPLICATION FORM FOR STUDENT ADMISSION

Please complete all sections in BLOCK CAPITALS and return to our Greenside Office with:

- **A copy of your daughter/ son's birth certificate or passport, and**
- **Proof of your address e.g recent Council Tax bill**

STUDENT INFORMATION

| | | |
|--------------------------------------|-------------------------------------|--------------------------------|
| Student Legal First Name: | Middle Name: | Legal Last Name (Family name): |
| | | |
| Preferred First Name (if different): | Preferred Last Name (if different): | |
| | | |

| | | | |
|----------------|---------|------|-----|
| Date of Birth: | Gender: | Girl | Boy |
| | | | |

| | |
|---------------|-----------|
| Home Address: | Postcode: |
| | |

| | |
|-------------|---------------|
| Home Phone: | Mobile Phone: |
| | |

| |
|-------------------|
| Home Language(s): |
| |

| |
|-------------------|
| Country of Birth: |
| |

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|------------------------|
| Date of arrival in UK: |
|------------------------|

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|---|--|
| Does your child have any special educational needs that you are aware of? If so please provide brief details | |
|---|--|

PARENT/CARER INFORMATION

This information is used to support your daughter/ son's application and will be securely stored.

| | |
|--|--|
| Is your child (children) currently entitled to receive Free School Meals? | |
| Has your child (children) ever been entitled to receive Free School Meals? | |
| <i>Please complete this section as it helps us to claim Pupil Premium funding</i> | |

***Please ensure you record THREE contacts (state relationship to student if not mother or father).
The third is required for an emergency.***

| | |
|--|-----------------------------------|
| Contact 1: Mother's First Name: | Mother's Last Name: |
| | |
| Address (if different from child's address): | Contact Phone Numbers: |
| | Home: Work: Mobile: |
| Email Address: | |

| | |
|--------------------------------------|-------------------------------------|
| Mother's Date of Birth: | Mother's National Insurance Number: |
| | |
| Do you have Parental Responsibility? | First Language: |
| YES / NO | |

| | |
|--|-------------------------------------|
| Contact 2: Father's First Name: | Father's Last Name: |
| | |
| Address (if different from child's address): | Contact Phone Numbers: |
| | Home: Work: Mobile: |
| Email Address: | |
| Father's Date of Birth: | Father's National Insurance Number: |
| | |
| Do you have Parental Responsibility? | First Language: |
| YES / NO | |

| | |
|----------------------------------|------------------------|
| Emergency Contact 3: First Name: | Last Name: |
| | |
| Address: | Contact Phone Numbers: |
| | Home: |

| | |
|------------------------------|---------|
| | Work: |
| | Mobile: |
| Email Address: | |
| Relationship to the student: | |

MEDICAL INFORMATION

| | | |
|--|--|---------------|
| Medical Practice Name (Doctor's Surgery): | Address: | Phone Number: |
| | | |
| Medical Condition(s) eg Asthma, Diabetes, Epi pen, Nut Allergy etc: | Dietary Need(s) eg Vegetarian /Halal: | NHS Number: |
| | | |

TRAVEL INFORMATION

| | |
|--|--|
| Mode of Travel to School e.g Bus, Walk, Car, Cycling etc: | |
|--|--|

GREENSIDE LUNCH ARRANGEMENTS

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| Please note all students enjoy a Greenside Lunch (no packed lunches) |
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SCHOOL HISTORY

| | |
|------------------------------|------------|
| Previous school(s)/ Nursery: | Date left: |
| | |

ADDITIONAL INFORMATION

| | | |
|---|-----|----|
| Are you or your partner a member of the armed services or MOD | Yes | No |
|---|-----|----|

| | |
|---|--|
| Please tick to give permission for your daughter/ son's photograph/ filming image to be used for Greenside purposes | |
|---|--|

| | |
|---|-------|
| I / We confirm that the information provided is correct and I / We shall notify the school promptly of any changes. | |
| Parent/ Carer Name: | |
| Parent/ Carer Signature: | Date: |
| Parent/ Carer Name: | |
| Parent/ Carer Signature: | Date: |

| | |
|----------------------------|---|
| FOR OFFICE USE ONLY | |
| Start Date: | Copy of Birth Certificate Received: Y/N |
| Ethnicity Form: Y/N | Contact Form: Y/N |
| UPN: | Class: |