

NEW LIFE CHRISTIAN ACADEMY

New Life Church, Bridlington Avenue, Hull

Prospective Pupil - Expression of interest form

This form is an expression of interest for a place at New Life Christian Academy. This form should be completed and sent to the school office prior to an admission interview and tour of the school.

Pupil's surname: _____

First names: _____

Address: _____

Telephone number: _____

E-mail address: _____

Date of birth: _____ **Age:** _____ **Sex:** Male / Female

Potential date of entry to the school: _____

Name of current or last school attended (if applicable): _____

Father's name: _____

Father's occupation: _____

Mother's name: _____

Mother's occupation: _____

Daytime contact numbers Father: _____ **Mother:** _____

Relationship of child to parents/carers: NATURAL / STEP / ADOPTED / FOSTER

Church affiliation (if any): _____

General health of child: GOOD / FAIR / POOR

Please list and explain any complications, physical or emotional, allergies, weaknesses, disabilities, major operations or illnesses, referrals to health professionals (eg psychologists) etc

NEW LIFE CHRISTIAN ACADEMY

New Life Church, Bridlington Avenue, Hull

Prospective Pupil - Expression of interest form

EDUCATION:

Are there any learning difficulties that you are aware of educationally? YES / NO

If 'YES', please give brief details (Does your child have a statement of Special Educational Needs? Do they have an IEP? What support do they currently receive? Are there outside agencies involved?)

PLEASE INDICATE WHY YOU ARE INTERESTED IN YOUR CHILD COMING TO NEW LIFE CHRISTIAN ACADEMY
(It may help you to consider: What are your hopes for your child's future? What would you like your child to gain from their education? How do you hope that New Life Christian Academy can help you as parents/carers in a way that other schools may not?)

PLEASE ALSO PROVIDE THE NAMES OF 2 REFEREES - THESE MAY BE THE HEADTEACHER AT YOUR CHILD'S CURRENT SCHOOL/CHURCH PASTOR/NURSERY MANAGER

REFEREE 1:

Name:

Contact details:

REFEREE 2:

Name:

Contact details:

Position held:

Position held:

I AGREE TO THE SCHOOL TAKING UP REFERENCES IF NECESSARY.

I AGREE THAT THE INFORMATION I HAVE GIVEN IN THIS FORM IS CORRECT AT THE TIME OF COMPLETION.

Date:

Parent/Carers Signature/s: