



SPEEN CHURCH OF ENGLAND SCHOOL

CASUAL APPLICATION FORM

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|--|--------------------|-----------------------|------------|
| CHILD'S FULL NAME (Family name first) | | | |
| DATE OF BIRTH | ___/___/___ | Sex: Male/Female | |
| ADDRESS (at which child usually lives) | Postcode | | |
| Telephone No's. | Home Telephone No. | Daytime Telephone No. | Mobile No. |
| Name and Address Present School / Nursery/Playgroup | | | |
| Start Date | Year Group | | |
| <p>Have you read Speen Church of England's Admission Policy? YES/NO</p> <p>Under which categories are you applying for a place:</p> | | | |
| <p>As parents do you regularly attend Christian worship? YES / NO</p> <p>If Yes please fill in a Supplementary Information Form.</p> | | | |
| Is Speen Church of England School your first choice? | | YES / NO | |

This application form is to be returned to **Speen C of E School office** for consideration by the Governing Body. You will be informed of their decision within fourteen (14) days.

Parents may appeal to the governors within 21 days if their application is not accepted.

Signed _____ Date _____