

Parental Preference for Primary School Admission to Ysgol Llangatwg Llangattock Church in Wales Primary School

Child's Surname

Child's Forename

Child's Gender Gender: Date of Birth:

Home Address

Postcode: Telephone Numbers:

Email:

Does your child have additional learning needs? **YES/NO**

Does your child have a statement of Educational Needs? **YES/NO**

Does your child have a diagnosed medical condition? **YES/NO**

(Please provide details)

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Please state your child's first language:

Please state any additional languages spoken at home?

Is the pupil a 'Looked After' child? **YES/NO**

If so, please state by which Authority:

Date Admission required: Year Group:

Will the child have older brothers or sisters here at the time of admission?

Name	Date of Birth	Year Group	Relationship to Applicant

Name of Parent / Guardian:

I declare that this is the only statement of Primary School preference I have made on behalf of the child shown above.

Signed:

Date:

Please return this form to Llangattock Church in Wales Primary School, Llangattock, Crickhowell, Powys, NP8 1PH or email to head@llangattock.powys.sch.uk