



Evergreen Primary School

Enrolment Form 2018-19 (Existing Pupils)

Swan Mews, Off Purser's Cross Road, London SW6 4QT
Tel: 020 7471 8287 (Temporary)

Child's details

Class

Please write class you are applying for:

When would you like your child to start if offered a place

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

The school fees set per child per annum is £3250 including £50 Registration Fees.

School meals: There will be EXTRA charges for school meals. The current cost is £2.50 per meal.

Option No.	Payment option available	Please write below your preferred option & payment method	Note
Option 1	Full Payment in advance		
Option 2	3 termly instalments		
Option 3	10 monthly instalments		

I the parent / carer of my child named above, agree if he/she is admitted to Evergreen Primary, that I will support the school and encourage my child to do so and will 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

Tick if Done **Note / Action**

1	Outcome /Accepted /Declined /pending ..	Pleas write outcome		
2	Starting date(Please write write date if offereca place			
3	School Home agreement	Document Signed		
4	Proof of ID	Handed in		
5	Proof of address	Handed in		
6	Medical consent forms / Calpol	Document Signed		
7	E-Safety agreement	Document Signed		
8	Photography consent form	Document Signed		
9	Previous school report	Handed in a copy		
10	Late collection form	Document Signed		
11	Local trip consent form	Document Signed		
12	School Uniform	Order placed		
13	Fee payment form	Document Signed		
14	Payment Option & Method agreed	Document Signed		
15	School Meal option			
16				
17				
18				