

# Primrose Hill Primary School

Princess Road, Regent's Park, London NW1 8JL

Tel: 020 7722 8500

[admissions@primrosehill.camden.sch.uk](mailto:admissions@primrosehill.camden.sch.uk)

[www.primrosehill.camden.sch.uk](http://www.primrosehill.camden.sch.uk)



## Application for Reception – Year 6

**When applying, please also provide a utility bill (either water or energy bill),  
a council tax bill and the child's birth certificate**

### Child's details:

|                                           |                            |                                  |                                  |
|-------------------------------------------|----------------------------|----------------------------------|----------------------------------|
| <u>Child's family name:</u>               | <u>Child's first name:</u> | <u>Date of birth:</u>            | <u>Gender:</u><br>Male<br>Female |
| <u>Child's nationality:</u>               |                            | <u>Child's country of birth:</u> |                                  |
| <u>Full address:</u>                      |                            |                                  | <u>Postcode:</u>                 |
| <u>Previous/Current school attending:</u> |                            |                                  |                                  |
| <u>Language(s) spoken at home:</u>        |                            |                                  |                                  |

### Parent/Guardian/ Carer 1 details:

|                              |                   |                        |
|------------------------------|-------------------|------------------------|
| <u>Parent/Carer 1 title:</u> | <u>Full name:</u> | <u>Contact number:</u> |
| <u>Email Address:</u>        |                   |                        |

### Parent/Guardian/ Carer 2 details:

|                              |                   |                        |
|------------------------------|-------------------|------------------------|
| <u>Parent/Carer 2 title:</u> | <u>Full name:</u> | <u>Contact number:</u> |
| <u>Email Address:</u>        |                   |                        |

### Priority reasons for admission

Please indicate if any of the following apply: You will need to provide evidence as appropriate

1. Does the child have a brother or sister already at the school? Yes ☐ No ☐  
Name and Class (if yes) \_\_\_\_\_

2. Are there any Special Educational Needs, Medical or Social factors that we should know about? If 'yes', please explain below. Yes ☐ No ☐

If a child has an Education and Health Care Plan (EHCP) or in the process of an assessment for one, please apply through The Camden SEN Team ([sen.enquiries@camden.gov.uk](mailto:sen.enquiries@camden.gov.uk))

Signature of Parent/Guardian/ Carer: \_\_\_\_\_ Date: \_\_\_\_\_