

ST. MICHAEL'S CHURCH IN WALES  
(AIDED) PRIMARY SCHOOL

Ysgol Gynradd Sant Mihangel,  
Ceri,  
Y Drenewydd,  
Powys,  
SY16 4NU



St. Michael's C in W (Aided)  
Primary School,  
Kerry,  
Newtown,  
Powys,  
SY16 4NU

Ffon/facs: 01686 670208  
Epost: office@st-michaels.powys.sch.uk  
Wefan: www.st-michaels.powys.sch.uk

Tel/Fax: 01686 670208  
Email: office@st-michaels.powys.sch.uk  
Website: www.st-michaels.powys.sch.uk

YSGOL GYNRADD

SANT MIHANGEL

Headteacher: Mr. M. Phillips

**SCHOOL ADMISSIONS FORM**

Child's Surname: ..... D.O.B: .....

Christian (first) name/s : .....

Address ..... Postcode: .....

Home Telephone Number: ..... Mobile:.....

e-mail: .....

Gender: ..... Nationality: ..... Ethnic Background: .....

Does your child have a disability and/or special educational need? YES/NO

Please give details of your child's disability/special educational need: .....

.....

No. of children in family: ..... Position of this child: .....

Names and dates of birth of younger children (children who will be admitted to this school in the future)

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Names and dates of birth of any other children in the family already admitted to this School:

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Parents' full names:

Mother: ..... Father: .....

Please give details that the school should know i.e. Medical Information (e.g. Allergies, easily concussed, vegetarian etc)

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Family arrangements: (e.g. childcare arrangements, special circumstances, who will normally collect children from school etc.) .....

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Family Doctor .....Contact No.....

Address of surgery .....

Name, address and contact name and number of previous school (if applicable)

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Preferred date of entry .....

*children are admitted the term before their fourth birthday)*

Kindly complete and return this form to:

St. Michael's C in W (aided) Primary School, Kerry, Newtown, Powys SY16 4NU.

Signed: ..... Print name: .....

*Person with Parental responsibility*

Date: .....

