



**FIRST NAME** 

## Kings Kids Christian School Application Form

To Apply to Kings Kids Christian School, please fill in and submit this form. Forms may be submitted by post or by hand. You may also fill in an interactive form on our website which will be e-mailed to the registrar directly.

## **STUDENT INFORMATION**

**SURNAME** 

GENDER: Please Circle: Male/F	emale	
DATE OF BIRTH:	Previous School	
REI	LIGIOUS INFORMATION	
RELGIOUS BELIEF (e.g. Christian or Mu	uslim, etc.)	
NAME OF MINISTER:		
ADDRESS OF PLACE OF WORSHIP	:	
_		
Has applicant ever professed Fa	aith in Christ?	YES/NO
	aith in Christ?	YES/NO
	OLASTIC INFORMATION	YES/NO
SCH	, dismissed, suspended,	YES/NO YES/NO
Has applicant ever been expelled	, dismissed, suspended,	
Has applicant ever been expelled or refused admission into anothe	, dismissed, suspended,	
Has applicant ever been expelled or refused admission into anothe	, dismissed, suspended, r school?	
Has applicant ever been expelled or refused admission into anothe If yes, explain.	, dismissed, suspended, r school?	YES/NO
Has applicant ever been expelled or refused admission into anothe If yes, explain.  Has student ever had behavioura	, dismissed, suspended, r school?	YES/NO
Has applicant ever been expelled or refused admission into anothe If yes, explain.  Has student ever had behavioura	, dismissed, suspended, r school?	YES/NO



100 Woodpecker Road, New Cross, London, SE14 6EU
Tel: (020) 8691 5813. Fax: (020) 8694 9910
Email: admin@kkcs.org.uk
Website: kingskidschristianschool.org.uk

## MEDICAL INFORMATION

FAMILY DOCTOR:				
ADDRESS:				
TEL. NO:				
Relevant medical information in Give dates where necessary:	ncluding details of any illnesses which re	sulted in long term absences.		
		YES/NO		
Nature of Disability:				
Parent/Carer Information				
	Mother			
FULL NAME:				
ADDRESS:				
HOME TEL NO.	MOBILE TEL NO.	WORK NO.		
OCCUPATION				
Father				
FULL NAME:				
ADDRESS:				
HOME TEL NO.	MOBILE TEL NO.	WORK NO.		
OCCUPATION				



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## **Emergency Contact Information**

This information is only used in an emergency if the parents stated above cannot be contacted. This information may also be used in accordance with our policy concerning the late pick up of children.

Full Name:
Relation Ship to parent:
Friend/Relative/Child Minder/ Other(please Specify)
Address:
Tel No:
NOTE: A non-refundable registration fee of £100 must accompany application. An interview with the parents and the student will be required before final acceptance.
Please return this completed form to:
For the attention of the Administrator Kings Kids Christian School 100 Woodpecker Road, New Cross, London, SE14 6EU.
For Office Use Only
Received Application Forms completed into the office:
Signed (Administrator/Head Teacher):
School Stamp:



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