



**REQUEST FOR FUTURE
ADMISSION TO
KINGSMOOR LOWER SCHOOL**

I would like to request a place at Kingsmoor Lower School for my child

SURNAME _____ **FORENAME:** _____

MIDDLE NAME _____ **Date of Birth** _____

ADDRESS _____

_____ **POSTCODE** _____

Male / Female: _____

Medical Conditions or any Special Needs that you wish to inform us

of _____

ACCESS NEEDS _____

HOME TELEPHONE No. _____

PLAYSCHOOL OR NURSERY _____

Please give details of any other of your children who currently attend this School
or who have previously attended this

School _____

Have you made an application to any other School YES / NO

If yes, which school _____

Thank you for your co-operation

Kingsmoor Lower School, Kingsmoor Close, Flitwick, Bedfordshire MK45 1EY

Telephone: 01525 712448 - Fax: 01525 755544

E-mail: kingsmoor@deal.bedfordshire.gov.uk

We will help you fill this form in if necessary.

Please inform us of your access requirements.