Colours Academy

Lower Unit 2

Red lake Trading Estate

Ivybridge

Devon

PL21 OEZ

**School Admissions**

Please complete and return to the above address

|  |  |  |  |
| --- | --- | --- | --- |
| **Pupils Personal Details** | | | |
| First Name: |  | | |
| Surname: |  | | |
| Date of Birth: |  | | |
| Male/ Female: |  | | |
| Home Address: |  | | |
| Postcode: |  | | |
| Home tel: |  | | |
| Student Mobile:  (Optional) |  | | |
| Student Email:  (Optional) |  | | |
| Name of parent/ guardian: |  | | |
| Parent/ guardian telephone: | H: | | W: |
| Parent/ guardian email: |  | | |
| **Current School (if not Colours Academy Pupil)** | | Please list the days your child will be attending/ or just comment ‘*Full time’* if your child is attending full time education with us | |
| School Name: |  | |  |
| Address: |  | |  |
| Postcode: |  | |  |
| Telephone: |  | |  |
| Admin Email: |  | |  |
| **Home educated:** *(please tick)* |  | |  |
| **Is there any medical or Special Education Needs (SEN) information the school should be aware of?** | | | |
|  | | | |
| Please sign to confirm your admission application: | |  | |
| Date signed: | |  | |