Colours Academy

Lower Unit 2

Red lake Trading Estate

Ivybridge

Devon

PL21 OEZ

**School Admissions**

Please complete and return to the above address

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| --- |
| **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: |  |