

**ADMISSION TO PRIMARY, INFANT OR JUNIOR SCHOOL  
SEPTEMBER 2017 ENTRY**

**WAITING LIST REQUEST**

**IMPORTANT:**  
Please ensure you have read the 'Next Steps for Parents/Carers' information leaflet before completing this form.

Please complete this form in BLOCK CAPITALS

<b>Child's Name</b>		<b>Boy / Girl</b> (please delete)
<b>Date of Birth</b>		<b>Application Reference Number</b> (as shown on your offer email/letter)
<b>Home Address</b>	<b>Post Code:</b>	
<b>Parent/Carer Name(s)</b>	<b>Title: Mr / Mrs / Miss / Ms / other</b> _____ please delete	
<b>Telephone Number</b>		
<b>Email address</b>		
<b>School Offered</b>		

Please add my child to the waiting list for a place at the following school(s).

<b>Request 1</b>	
<b>Request 2</b>	
<b>Request 3</b>	
<b>Request 4</b>	

<b>Signed</b>		<b>Date</b>
<b>Name</b> (please print)		

**Once completed please return this form by Wednesday 17 May 2017 to:**  
Student Services – Admissions Team  
Medway Council, Gun Wharf, Dock Road, Chatham, ME4 4TR