



Ellison Primary Academy  
Part of the Societas Trust

Ellison Street, Wolstanton, Newcastle-Under-Lyme, Staffordshire, ST5 OBL

Headteacher: Mrs N Gibson Tel: 01782 613674 Email: [office@ellison.staffs.sch.uk](mailto:office@ellison.staffs.sch.uk) Website: [www.ellison.staffs.sch.uk](http://www.ellison.staffs.sch.uk)

20<sup>th</sup> September 2019

Dear Parents and Carers,

New Admissions for September 2020

Please find attached an application form for you to complete for your child to attend Ellison Primary Academy in September 2020.

Details regarding your official application for an admission place to Ellison will be sent to you as soon as we receive the information from Staffordshire County Council.

There will be opportunities for your child to visit school for special events during the year, but in the meantime I would like to invite parents/carers for a visit to the school on our open morning which will take place on Friday 11<sup>th</sup> October 2019 at 9.30 am until 10.15am or 10.30am until 11.15am.

(Please call the school office to confirm your preference). During the open morning you will see our present foundation children during in their classroom environment.

If you are able to visit on this occasion, please fill in the slip below and return it to school.

Yours sincerely,

Mrs. N. Gibson  
Headteacher

---

Ellison Primary Academy -New Admissions September 2020

I will/will not be able to visit the school on Friday 11<sup>th</sup> October 2019.

(Please tick time available)

I/We would like to attend 9.30am until 10.15am.

I/We would like to attend 10.30am until 11.15am.

Parent/Carer.....Child's name.....

*Developing Independent Learning in a Caring Environment'*



# ELLISON PRIMARY ACADEMY

*'Developing independent learning in a caring environment'*

## APPLICATION FOR RECEPTION CLASS ADMISSION TO ELLISON PRIMARY ACADEMY

### CHILD DETAILS:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Present School/Nursery: \_\_\_\_\_

### PARENT / GUARDIAN DETAILS:

Mother: Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Father: Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_ Evening: \_\_\_\_\_

### ELDER BROTHER OR SISTER ATTENDING ELLISON PRIMARY

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_ Class: \_\_\_\_\_

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_ Class: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

I can confirm that I have gained authorisation from the person/s listed above for you to contact them by telephone, text, email or letter.

**Signature:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Please complete and return to Ellison Primary Academy.**