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<ul> <li>Bow School</li> </ul>				•	M	orp	eth																nda ohn	<b>ary</b> n Ca	166)		
Central Foundation	Gir	·ls		•	M	ulb	erry	Aca	ade	my	Sh	ore	dit	ch			•	•			-		Tru		.00)		
<ul> <li>George Green's</li> </ul>				•	M	ulb	erry	Scł	noo	l fo	r Gi	irls					•	S	tep	ney	/ Gr	reer	1				
<ul><li>Langdon Park</li></ul>				•	0	akl	ands	;									•	S	waı	nlea	a						
<ul> <li>London Enterprise</li> </ul>	Aca	ıder	ny																								
1 Child's Detail																											
First names:																											
Last name:									Τ																		
Sex:		Ма	ıle			Fer	nale	Ì	D	ate	of E	Birth	)	D	ay			ı	Mor	nth				Υє	ear		
Home address:									_	П				Π				,									
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Name of your cl	nild	's p	orir	naı	ry s	ch	ool:																				
Borou	gh (	of p	orir	naı	ry s	ch	ool:	T																			
2 Children with a																											
Is your child undergoi								ont	of	ene	ocia	ام ا	duc	ratio	na	l ne	ade	2 01	,					1			
Education, Health and						330	,33111	CIII	Oi	Spc	Jula	1 00	Juc	anc	nia	1110	,cu.	3 01			Y	es				No	
Does your child have	a fi	nal	sta	ater	ner	nt o	f spe	ecia	l ed	out	atio	nal	l ne	eeds	s or	Ec	luc	atic	n,		V	es				No	
Health and Care Plan	?																					63					_
3 Parent's or car	er'	s c	det	tail	s																						
Tile:		N	Mr				Mrs		]	ſ	Ms			Mi	iss												
First name:										Π																	
Last name:																											
Home address:																											
(if different from above)																											
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Home phone number:

Daytime phone number:

Home Local Authors 4 Preferences for se						
	ower Hamlet schools you are applying to. You must list the schools in preferred					
Is this your eldest child	? Yes No					
Is this your eldest son	Yes No					
Is this your eldest dau	hter? Yes No					
Band						
	nool is asked to provide a teacher assessment of your child's ability from one of four ping the lowest and D the highest).					
Preference 1						
Preference 2						
Preference 3						
Preference 4						
Preference 5						
Preference 6						
Please provide the na the above schools in \$	ne and Date of Birth of any brothers or sisters also applying for a place at one of eptember 2021					
First names:						
Last name:						
Sex:	Male Female Date of Birth Day Month Year					
5 Declaration and	signature of the parent or carer					
I am the person with p	rental responsibility for the child named above and the information given is true. I r misleading information may result in the offer of a place being withdrawn.					
Signature:	Date:					
Please complete and return to: Pupil Services, Mulberry Place, 5 Clove Crescent, London E14 2BG. Email: <a href="mailto:school.admissions@towerhamlets.gov.uk">school.admissions@towerhamlets.gov.uk</a> by 31st October 2020						