



ADMISSION ENQUIRY FORM

FOR YEARS

Yr R, 1, 2, 3, 4, 5 & 6

Hadrian Avenue

Dunstable

Beds LU5 4SR

telephone: 01582 618400

office@hadrianacademy.co.uk

www.hadrianacademy.co.uk

Pupil Information required by Hadrian Academy for admission enquiries.							
Surname							
First Name							
Date of Birth			Present Age				
Gender	Girl				Boy		
Home Address							
Postcode							
Name of present / previous school							
Address of present / previous school							
Parent/ Carer information							
Full Name							
Relationship to above child							
Email Address							
Telephone Number	Home			Mobile			
Admission Request for Year Group :	Yr R	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6
Proposed Start Date							

Please complete this form and return it to the office at Hadrian Academy, Hadrian Avenue, Dunstable LU5 4SR or e-mail to office@hadrianacademy.co.uk

Please mark for the attention of School Business Manager, Joanna Loisel , thank you.