



PUPIL'S ADMISSION FORM



This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 1998. Data on this form will be shared with the LA only where necessary.

| SCHOOL USE ONLY | |
|-----------------|--|
| Admission no. | |
| Year Group | |
| Reg. Group | |
| Admission Date | |
| Date Processed | |

Please print in the areas below

Please provide as much information as possible about your child.

Legal Surname: _____ Legal Forename: _____

Gender (M/F): _____ Date of Birth: _____ Middle Name(s): _____

Preferred Surname: _____ Preferred Forename: _____

Postcode: _____ Home telephone number: _____

Home Address: _____

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Priorities them in the order that you wish for them to be contacted in an emergency.

| <u>Contact Information:</u> | <u>Parent/Carer</u> |
|---|--|
| Title and Surname: _____ Forename: _____ | Priority <input type="checkbox"/> Currently serving in Regular HM Forces Military units? <input type="checkbox"/> |
| Daytime Tel. No: _____ Day Place: _____ | |
| Home Phone: _____ Mobile: _____ | |
| E-mail: _____ | |
| Address (if different to above): _____ | |
| Postcode: _____ | |
| Relationship to Pupil: _____ Parental Responsibility: Yes/No | |

| <u>Contact Information:</u> | <u>Parent/Carer</u> |
|---|--|
| Title and Surname: _____ Forename: _____ | Priority <input type="checkbox"/> Currently serving in Regular HM Forces Military units? <input type="checkbox"/> |
| Daytime Tel. No: _____ Day Place: _____ | |
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| Address (if different to above): _____ | |
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| Relationship to Pupil: _____ Parental Responsibility: Yes/No | |



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| <u>Contact Information:</u> | <u>Non-Parental Contact</u> |
|--|---|
| Title and Surname: _____ Forename: _____ | Priority <div style="border: 2px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> |
| Daytime Tel. No: _____ Day Place: _____ | |
| Home Phone: _____ Mobile: _____ | |
| E-mail: _____ | |
| Address: _____ _____ | |
| Postcode: _____ | |
| Relationship to Pupil: _____ | |

| <u>Contact Information:</u> | <u>Non-Parental Contact</u> |
|--|---|
| Title and Surname: _____ Forename: _____ | Priority <div style="border: 2px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> |
| Daytime Tel. No: _____ Day Place: _____ | |
| Home Phone: _____ Mobile: _____ | |
| E-mail: _____ | |
| Address: _____ _____ | |
| Postcode: _____ | |
| Relationship to Pupil: _____ | |

Lunch time meal arrangements:

Packed Lunch School meal Free School meal

Please tick the type of meal to have for each day of the week below:-

| Type of meal | Mon | Tue | Wed | Thu | Fri |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Packed Lunch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School/Free Meal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Dietary Requirements:

Artificial Colouring Allergy No Pork No Dairy Produce

Gluten Free Halal Kosher Foods Only

No nuts of any type/quantity Vegetarian Seafood Allergy

Does your child have any other dietary requirements that the school should be aware of? Y/ N

Is your child allowed to sample foods as part of the curriculum? Y / N

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Medical Information:

Medical Practice Name: _____

Medical Practice Address: _____

Tel no: _____

Does your child have any medical conditions that the school should be aware of?

Does your child receive any Paramedical Support?

Occupational Therapy Physiotherapy

Speech Therapy Other support please specify

Ethnicity:

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

Any other ethnic background

I do not wish an ethnic background category to be recorded

This information was provided by Parent

Pupil

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First Language:

A **First Language** other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.

First Language: _____

Other Languages Spoken: (in order of importance)

1. _____

2. _____

Religion:

Buddhist

Jewish

Hindu

Christian

Muslim

Sikh

No religion

Other religion

Additional Information:

How does your child travel to school?:

Cycle

Car Share

Car/Van

Public Bus Service

Dedicated School Bus

Train

Taxi

Walk

Other

Sibling Information

Does your child have any brothers or sisters attending the school?

Yes No

Surname: _____ Forename: _____ Year Group: _____

Surname: _____ Forename: _____ Year Group: _____

Surname: _____ Forename: _____ Year Group: _____

PUPIL'S ADMISSION FORM

| Previous school: | | |
|---|-----------|---------|
| Name of School | Date From | Date To |
| _____ | _____ | _____ |
| Reason for leaving: _____ | | |
| _____ | | |
| _____ | | |
| Please use this space to give us any information about your child that you feel we should know about and which has not already been covered by this form: _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Parent/Carer Name (Please print) : _____

Parent/Carer Signature: _____

Date: _____