

Admissions Form



Legal Surname _____ Preferred Surname _____

 First name _____ Known name _____
 Middles Name(s) _____ Date of Birth ____/____/____
 Gender Male Female Was your child premature? YES NO
 Home Address _____ Home Telephone Number _____

_____ Post Code _____

Country of Birth _____
 Nationality _____ 2nd Nationality (if dual) _____
 First Language English Other (Please state) _____
 Languages spoken at home English Other (Please state) _____
 English as an Additional Language? YES NO
 Native language of parents/guardians, other than English (if applicable)

Does any parent currently serve in the Armed Forces? YES NO
 Has your child ever lived in a Service Family environment? YES NO
 Was the child adopted from Care? YES NO
 Is the child entitled to Free School Meals? YES NO

Please detail any **court orders** applying to the child (eg Ward of court, Legal rights of access)

Notes on this Application (Office use only)	Office Use Only	
	Date Application Received	
	Birth Certificate seen	
	Place offered	

	Start Date	
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Siblings: If your child has any brothers or sisters who attend this school please provide their names

Details of Previous school (if applicable) _____

In order that letters can be addressed correctly, please complete the following contact details. Please make it clear where parents are separated so we can communicate effectively with both parents.

Contact Details

Parent Guardian 1 Relationship to Child _____ Gender M / F

Legal Parental Responsibility YES NO

Title _____ First Name _____ Surname _____

Address _____

_____ Postcode _____

Home Phone Number _____ Mobile Number _____

Work Phone Number _____ Main Contact No _____

Place of Work _____

Email Address _____

Parent Guardian 2 Relationship to Child _____ Gender M / F

Legal Parental Responsibility YES NO

Title _____ First Name _____ Surname _____

Address _____

_____ Postcode _____

Home Phone Number _____ Mobile Number _____

Work Phone Number _____ Main Contact No _____

Place of Work _____

Email Address _____

Emergency Contact 3 Relationship to Child _____ Gender M / F

Legal Parental Responsibility YES NO

Title _____ First Name _____ Surname _____

Address _____

_____ Postcode _____

Home Phone Number _____ Mobile Number _____

Work Phone Number _____ Main Contact No _____

Email Address _____

Emergency Contact 4 Relationship to Child _____ Gender M / F

Legal Parental Responsibility YES NO

Title _____ First Name _____ Surname _____

Address _____

_____ Postcode _____

Home Phone Number _____ Mobile Number _____

Work Phone Number _____ Main Contact No _____

Email Address _____

Emergency Contact 5 Relationship to Child _____ Gender M / F

Legal Parental Responsibility YES NO

Title _____ First Name _____ Surname _____

Address _____

_____ Postcode _____

Home Phone Number _____ Mobile Number _____

Work Phone Number _____ Main Contact No _____

Email Address _____

Medical Details

Doctor's Name _____ Telephone Number _____

Medical Practice Name _____

Practice Address _____

Do you give permission for the school to call a doctor? YES NO

Do you give permission for the school to administer first aid? YES NO

Please provide details of any **medical conditions** that the school should be aware of and of any emergency action that should be taken (eg asthma, epilepsy, allergies).

(You will need to also complete a Medical Conditions Form. Please ask for one at reception)

Please provide details of any food allergies (You will need to complete a Food Allergies Form)

Does your child have sight problems? YES NO If Yes please give details

Does your child have hearing problems? YES NO If Yes please give details

Please give details of any special needs that the child has that school needs to be aware of.

Please give details of any other information that you would like to share with the school about the child.

Only complete this section of you have a child in FS1 or FS2

Name of anyone else with permission to collect your child (must be 16 or older)

Name _____ Phone No _____ Relationship to child _____

Name _____ Phone No _____ Relationship to child _____

Name _____ Phone No _____ Relationship to child _____

If you have a child under 5 we would like to share your contact details with your local children's centre. Please inform us if you do not wish for this information to be shared.

We do need to see your child's birth certificate. Please bring this along with you or supply a copy.
If there is any other information, which you think we should have, please attach a separate sheet.

Data Protection Act 1998 – The school is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and the School Standards and Framework Act 1998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of school children.

Parent / Guardian Signature _____ **Date** _____

Please Note - This information is required for DfES statistical purposes.

Please study the list below and ✓ the correct category for the pupil named on this form. Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry of family history. **Ethnic background is not the same as nationality or country of birth.**

Nationality			
Ethnic Origin ✓ ✓			
WHITE:		ASIAN OR ASIAN BRITISH:	
British		Indian	
Irish		Pakistani	
White European		Bangladeshi	
White – Other (please state)		Any other Asian background (please state)	
Gypsy/Roma		BLACK OR BLACK BRITISH:	
Traveller of Irish Heritage		African	
MIXED:		Caribbean	
White and Black Caribbean		Any other Black background	
White and Black African		Chinese	
White and Asian		Any other ethnic background	
Any other mixed background (please state)		I do not wish an ethnic background category to be recorded	
Language ✓ ✓			
Bengali		Hindi	
Cantonese		Italian	
English		Panjabi	
Greek		Portuguese	
Gujerati		French	
Other (please state)			
Religion ✓ ✓			
Christian		Islam	
Hindu		Buddhist	
Jewish		No religion	
Muslim			
Sikh		Other (please state)	