

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 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: Parent/Guardian</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: _____ Daytime Fax: _____	
Address (if different to above): _____ _____	
Postcode: _____	
Relationship to Pupil: _____ Parental Responsibility: Yes/No	

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Address (if different to above): _____ _____	
Postcode: _____	
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<u>Contact Information:</u>	<u>Non-Parental Contact</u>
Title and Surname: _____ Forename: _____	Priority <input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	
E-mail: _____ Daytime Fax: _____	
Address: _____	
_____ Postcode: _____	
Relationship to Pupil: _____	

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Home Phone: _____ Mobile: _____	
E-mail: _____ Daytime Fax: _____	
Address: _____	
_____ Postcode: _____	
Relationship to Pupil: _____	

Lunchtime 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 <input type="checkbox"/>	No Pork <input type="checkbox"/>	No Dairy Produce <input type="checkbox"/>
Gluten Free <input type="checkbox"/>	Halal <input type="checkbox"/>	Kosher Foods Only <input type="checkbox"/>
No nuts of any type/quantity <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Seafood Allergy <input type="checkbox"/>

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

Medical Information:

Medical Practice/GP

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

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

- Chinese

Mixed

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

Black or Black British

- Caribbean
- African
- Any other Black background

- Any other ethnic background

I do not wish an ethnic background category to be recorded

This information was provided by Parent

Student

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. _____

Country of Birth _____

Child's Nationality _____

Religion:

Buddhist Jewish Hindu

Christian Muslim Roman Catholic

No religion Other religion Parish _____

Additional Information:

How does your child travel to school?:

Cycle Car Share Car/Van Public Bus Service

Dedicated School Bus Train Taxi Walk Other

Previous school:		
Name of School	Date From	Date To
_____	_____	_____
Reason for leaving:		

Does your child have any brothers and sisters at this school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:		

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/Guardian Name (Please print) :

Parent/Guardian Signature:

_____ **Date:** _____

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