

ADMISSION FORM Confidential (please complete ALL sections and return to the school office)

Year / Tutor Group / Class Name UPN Date of Admission

Pupil's Legal Last Name..... First Name..... Middle Name.....

(If different from above) Preferred Last Name..... Preferred First Name.....

Date of Birth..... Male/Female..... Home Telephone No.

Pupil's Address.....

..... Post Code.....

Previous School / Nursery / Pre-school full address

..... Date Entered..... Date Left.....

Reason for leaving

Please give details of all persons who have LEGAL Parental Responsibility and anyone else you wish to be contacted in an emergency. Place them in the order you wish them to be contacted in an emergency.

	Full Name & Title	Parental Resp. (Y/N)	Address (If different from pupil) Please include postcode	Contact Phone Numbers	Tick Main
1				Home:	
	Relationship to pupil:			Work:	
	Email address:		Post code:	Mobile:	
	National Insurance No.				
2				Home:	
	Relationship to pupil:			Work:	
	Email address:		Post code:	Mobile:	
	National Insurance No.				
3				Home:	
	Relationship to pupil:			Work:	
	Email address:		Post code:	Mobile:	
4				Home:	
	Relationship to pupil:			Work:	
	Email address:		Post code:	Mobile:	

Names & Dates of Birth of other children at this school:

NAME OF MEDICAL PRACTICE & TELEPHONE NO.

Name..... Telephone No.....

Does your child have any medical conditions (inc. Allergies) of which you wish the school to be aware? [YES/NO]

Asthma	Eczema	Epilepsy	Hay fever	ADHD	Eyesight Problem	Nut Allergy
Dyslexia	Dyspraxia	Colour Blindness	Diabetes	ASD	Hearing Problem	Any other

Other medical factors e.g. Difficulties with Speech, or Dietary needs (please give details)

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Does your child require any ongoing medication? [YES/NO] If yes - name, strength and dose of medication

Do you have any contact with outside agencies such as Speech Therapy, CAMHS, Social Services, Education Welfare Service, Education Psychology Service? Please give details

Does your child have Special Educational Needs or Additional Complex Needs? (Please tick as appropriate and provide any information you have)

SEN Statement		School Based Plan		Education Health Care Plan EHCP		Learning Support	
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EMERGENCY TREATMENT

I/we consent to my child receiving medical and/or emergency hospital treatment should it be considered necessary whilst in school care and to a member of school staff signing the consent form if I am/we are unable to be contacted.

Print name..... Signed..... Relationship to pupil

Print name..... Signed..... Relationship to pupil

ETHNIC AND CULTURAL INFORMATION

Ethnic Origin	Please Write Code below	WBRI =White-British; WIRI =White-Irish; WIRT =White-Traveller of Irish Heritage; WROM =White-Gypsy/Roma; WOTH =White-Any Other White Background; MWBC =Mixed-White/Black Caribbean; MWBA =Mixed-White/Black African; MWAS =Mixed-White/Asian; MOTH =Mixed-Any Other Mixed Background; AIND =Asian or Asian/British Indian; APKN =Asian or Asian/British-Pakistani; ABAN = Asian or Asian/British-Bangladeshi; AOTH = Any Other Asian Background; BCRB =Black or Black British Caribbean; BAFR =Black or Black British African; BOTH =Black or Black/British-Other Black Background; CHNE =Chinese; REFU =Refused by Parent
Country of Birth:		Nationality:
Home language:		First language:
Are they literate in their mother's tongue: [YES/NO]		
Can the pupil : Read in English [YES/NO]		Can the pupil : Write in English [YES/NO]
Religion:		Parental translator required: [YES/NO]
Date of Entry into the UK:		Are you Asylum Seekers: [YES/NO]

TRAVEL ARRANGEMENTS TO AND FROM SCHOOL (Please tick one - the most usual)

Cycle	Car/share	Public Bus Service	Taxi	Walk	Train
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LUNCH ARRANGEMENTS (Please tick one - the most usual)

Free School Meal (if applicable)	Packed Lunch	School Meal
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ADDITIONAL INFORMATION:

Parents are asked to give details of any conditions which they consider important for this school to know. Please let us know of family or other circumstances, which may affect a normal school life.

I certify that all the information given above is correct and I will notify the school immediately of any changes.

Signature of Parent/Carer..... Date.....

Print Name.....

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.