



Admission Form
(Please complete all sections)

Pupil Details

Child's Full Name: _____ M/F D.o.B: _____

Home Address: _____

Home Tel No: _____ Admission Date: _____

Parents Details

Name and Address of Mother (in full)

Emergency Contact Nos: home/work: _____ mob: _____

Does the child's mother have Parental Responsibility Yes / No

Name and Address of Father (in full)

Emergency Contact Nos: home/work _____ mob: _____

Does the child's father have Parental Responsibility Yes/No

Family Details

Other children in the family - please give names and dates of birth

D.o.B.

1.	
2.	
3.	

In the event of parental separation, whom does the child live with: _____

Is your child looked after by the Local Authority *Yes/No*

Is there a custody order in place *Yes/No*

Additional Emergency Contact Information (not parents)

	Name and Address	Relationship to child	Tel Nos:
1			H: W: M:
2			H: W: M:
3			H: W: M:

Further Information

Name Address & Telephone Number of Previous School:
Date Left / Reason for Leaving:

Does your child have Special Educational Needs - *Yes/No*

If Yes, please give details: _____

Meal Arrangements

- Home Lunch
- School Lunch
- Free School Meal
- Sandwiches

Travel Arrangements

- Walk
- Private Car
- LEA Transport
- Public Transport

If you are in receipt of Income Support or Income Based Job Seekers Allowance you are entitled to Free School Meals for your child. Please indicate if you are entitled even if you do not intend for your child to take a free meal. **Yes/No** (Proof seen y/n office use only)

Medical Information

Name of Doctor:	Health Centre (Address & Tel No)
Are there any important medical details of which we should be made aware?	

Ethnic Origin (tick as appropriate)

Using the list below, please tick **one only** to indicate the ethnic background of the pupil named on this form. Please also indicate whether a parent/carer or pupil filled in this section of the form.

White

- English
- Scottish
- Welsh
- Other White British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Italian
- Any Other White Background

Black or Black British

- Black Caribbean Background
- Ghanaian
- Nigerian
- Sierra Leonian
- Somali
- Other Black African
- Any Other Black Background

Mixed Dual Background

- White & black Caribbean
- White & black African
- White & Pakistani
- White & Indian
- Any other mixed background (please specify).....

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Asian and any other ethnic group

Other Groups

- Chinese
- Japanese
- Any Other Ethnic Group
- I do not wish an ethnic category to be recorded

Language Spoken at Home: _____

Religion: _____

THIS INFORMATION WAS PROVIDED BY:

Parent/Carer/Student (delete as appropriate)

Dear Parents

Re: School Visits and Activities

During the coming years your child, with many others, maybe taking part in school activities outside school premises. Sometimes these activities are outside school hours. These activities are planned to support the curriculum and/or to provide additional opportunities, which we hope your child will find helpful and enjoyable.

Activities During School Hours

Activities during school hours may include visiting the library, local park, another school or team sporting events with other schools. The school would not normally seek parents' permission for these activities, although parents will be advised of the activities their children will undertake during the school year.

Activities after School

For longer trips or visits abroad, parents will receive more detailed information. **Parents need to give specific permission for these visits only.**

The schools aim is that visits and activities should be properly organised and that all reasonable precautions should be taken for the safety and wellbeing of your child. The school has insurance cover specifically designed for school activities and this cover will protect both the school and the pupils in and out of school.

There is one other point. Urgent medical treatment may be needed in circumstances where it is not possible to contact the parent. In this situation, I hope you will be willing to agree that the teacher in charge of any party may give the necessary consent on your behalf. I should be grateful if you would sign the note at the bottom of this letter (you may delete the sentence about medical treatment if you wish) and return it to the Headteacher.

Yours sincerely
Andrea Curtis

To: The Headteacher, Bushfield Middle School.

I have read the information for parents about out of school activities that may be arranged during the coming school years.

I agree that if my child urgently requires medical treatment during an out of school activity and it is not possible to contact my wife/husband/partner or me, the teacher-in-charge of the party is authorised to give consent on my behalf.

Signed..... Date.....

Pupil's name in Full.....

Admission Date:.....Admission No:.....UPN:.....			
Year Group:	Class:	Records Requested:	Records Received:

