



**ADMISSION FORM**

*(Please complete **all** sections)*

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Name as shown on birth certificate (if different): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male / Female *(please delete as appropriate)*

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Home telephone no: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Languages: \_\_\_\_\_ Religion: \_\_\_\_\_

<b>Name, Address &amp; Telephone number of previous school:</b>	<b>Date left and reason for leaving:</b>
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**EMERGENCY CONTACT NUMBERS**

It is extremely important that we are able to make contact with you during the day should there be a problem with your child. Please therefore give daytime details and at least one other contact person and indicate the order in which they should be contacted. Please give the names and addresses of both parents (where possible).

Mother's full name and address \_\_\_\_\_

Telephone number/s: Home \_\_\_\_\_  
 Work \_\_\_\_\_  
 Mobile \_\_\_\_\_ for preferred **parentmail** contact  
 Email \_\_\_\_\_  
 This is my primary email address I agree that it can be used to contact me via **parentmail**

Contact Order    1   2   3   4    *(please circle)*    Mother **does / does not** have parental responsibility *(please circle)*

Father's full name and address \_\_\_\_\_

Telephone number/s: Home \_\_\_\_\_  
 Work \_\_\_\_\_  
 Mobile \_\_\_\_\_ for preferred **parentmail** contact  
 Email \_\_\_\_\_  
 This is my primary email address I agree that it can be used to contact me via **parentmail**

Contact Order    1   2   3   4    *(please circle)*    Father **does / does not** have parental responsibility *(please circle)*

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

Is your child adopted?

YES / NO

**Additional Emergency contact/s** (*We will always contact parents first unless otherwise advised*)

Name and address	Relationship to child	Telephone numbers
Contact Order ( <i>please circle</i> ) 1 2 3 4		Home: Work: Mobile:
Contact Order ( <i>please circle</i> ) 1 2 3 4		Home: Work: Mobile:

**SIBLINGS**

Please provide names and dates of birth of all brothers / sisters

Name	Date of birth	Current school ( <i>if appropriate</i> )

Please give details of any special family circumstances that the school should be aware of, for example if the child's parents are separated, divorced or deceased. Please also state if the child is part of a single-parent family.

\_\_\_\_\_

\_\_\_\_\_

Is the child subject to a residency or court order? <i>If yes, please give details of the person who has the order</i>	YES / NO
Name & Address: _____	
Telephone number/s: Home _____ Work _____ Mobile _____	
Please confirm the access rights of any other parent: _____	

Is the child in the care of the Local Authority?

YES / NO

Does the child have an **Educational Healthcare Plan**?

YES / NO

Does the child have any special educational needs? If yes please specify

YES / NO

\_\_\_\_\_

Name of Doctor	Health Centre Address & Telephone number

Are there any important medical details of which we should be made aware? Please provide details if your child has been diagnosed with glue ear, had grommets or has been seen by a doctor due to hearing difficulties.

*Please continue on a separate sheet if necessary*

Are you entitled to claim Income Support, Job Seeker's Allowance (Income based), Child Tax Credit (not including Working Tax Credit and your income does not exceed **£16,190** or the guarantee element of State Pension Credit?

**YES / NO**

If yes, do you wish your child to have free school meals?

**YES / NO**

**MEAL ARRANGEMENTS** (please tick)

**TRAVEL ARRANGEMENTS** (please tick)

School meal		Walk	
Packed lunch brought from home		Private car	
My child goes home for lunch		My child cycles to school	
Free School Meal		Public transport	
Is your child a vegetarian		Local authority transport	
Is your child lactose intolerant			
Nut or other food allergy (please specify below)			

My child suffers from the following allergies: \_\_\_\_\_

The following information is optional.

Is there anything the school needs to know about you and/or your partner/spouse that might affect your access needs, e.g. do you need wheelchair access, information in large print or do you have a hearing impairment?

**YES / NO**

If YES, please specify

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**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
- White Western European
- White Eastern European
- Any Other White background  
Please specify.....

**BLACK OR BLACK BRITISH**

- Black Caribbean background
- Ghanaian
- Nigerian
- Sierra Leonean
- Somali
- Other Black African
- Any Other Black background  
Please specify

**MIXED OR DUAL BACKGROUND**

- White and Black Caribbean
- White and Black African
- White and Pakistani
- White and 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**

**NATIONAL IDENTITY** (Please tick only one)

- English                      British
- Welsh                         Other
- Scottish                     I do not wish a National Identity to be recorded
- Irish

**COUNTRY OF BIRTH** \_\_\_\_\_

**RELIGION** (please tick only one)

- Buddhist                      Muslim
- Christian                      Sikh
- Hindu                         No religion
- Jewish                         Other religion (please specify)
- I do not wish a Religion to be recorded

**LANGUAGE SPOKEN AT HOME:**  
\_\_\_\_\_

**THIS INFORMATION WAS PROVIDED BY**

- Parent/Carer
- Student

**FOR OFFICE USE ONLY**

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