



SCHOOL USE ONLY	
Admission no.	
Year Group	
Reg. Group	
Admission Date	
Date Processed	
Birth Certificate Seen	

**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): \_\_\_\_\_

Postcode: \_\_\_\_\_ Home telephone number: \_\_\_\_\_

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

\_\_\_\_\_

**Important - Please bring in to the school office your child's birth certificate**

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Prioritise them in the order that you wish for them to be contacted in an emergency.

<u>Contact Information:</u>	<u>Parent/Guardian</u>
Title and Surname: _____	Forename: _____
Daytime Tel. No: _____	Day Place: _____
Home Phone: _____	Mobile: _____
E-mail: _____	
Address (if different to above): _____	
_____	Postcode: _____
Relationship to Pupil: _____	Parental Responsibility: Yes/No

Priority

1

Currently serving in Regular HM Forces Military units?

<u>Contact Information:</u>	<u>Parent/Guardian</u>
Title and Surname: _____	Forename: _____
Daytime Tel. No: _____	Day Place: _____
Home Phone: _____	Mobile: _____
E-mail: _____	
Address (if different to above): _____	
_____	Postcode: _____
Relationship to Pupil: _____	Parental Responsibility: Yes/No

Priority

2

Currently serving in Regular HM Forces Military units?

# PUPIL'S ADMISSION FORM

<u>Contact Information:</u>	<u>Non-Parental Contact</u>	
Title and Surname: _____	Forename: _____	Priority <b>3</b>
Daytime Tel. No: _____	Day Place: _____	
Home Phone: _____	Mobile: _____	
E-mail: _____		
Address: _____	Postcode: _____	
Relationship to Pupil: _____		

<u>Contact Information:</u>	<u>Non-Parental Contact</u>	
Title and Surname: _____	Forename: _____	Priority <b>4</b>
Daytime Tel. No: _____	Day Place: _____	
Home Phone: _____	Mobile: _____	
E-mail: _____		
Address: _____	Postcode: _____	
Relationship to Pupil: _____		

**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 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 <input type="checkbox"/>	Physiotherapy <input type="checkbox"/>
Speech Therapy <input type="checkbox"/>	Other support <input type="checkbox"/> please specify .....

# PUPIL'S ADMISSION FORM

## Ethnicity:

Country of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

### White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

### Mixed

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

### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian 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. \_\_\_\_\_

## Religion:

- Buddhist  Jewish  Hindu  Christian  Muslim   
Sikh  No religion  Other religion

# PUPIL'S ADMISSION FORM

## 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 this child have any brothers and sisters at this school? Yes  No

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Photographic and video permissions

Please note that if you do not consent your child may not be able to participate in all school activities. There may be valid reasons why you cannot give permission, you will need to notify the office of your reason and we will ensure that your child's picture is not used.

	Yes	No
Photographs in printed publications	<input type="checkbox"/>	<input type="checkbox"/>
Photographs in school website/twitter feed/facebook	<input type="checkbox"/>	<input type="checkbox"/>
Name included with photograph?	<input type="checkbox"/>	<input type="checkbox"/>
Watch appropriate film clips to support learning	<input type="checkbox"/>	<input type="checkbox"/>
Videos by external provider	<input type="checkbox"/>	<input type="checkbox"/>
Photographs by external provider	<input type="checkbox"/>	<input type="checkbox"/>
Visit local offsite activities (eg Library, Church)	<input type="checkbox"/>	<input type="checkbox"/>
Visit partnering schools	<input type="checkbox"/>	<input type="checkbox"/>

# PUPIL'S ADMISSION FORM

## Important Information

If you claim any of the following your child may be eligible for Free School Meals, Free School Milk and other financial assistance, please ask at the office for a form.

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit

I/We are in receipt of the above and would like to apply

## Data Protection Statement

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 and the General Data Protection Regulations (GDPR) currently being enacted into UK law (May 2018). Disclosure of any of this information to statutory bodies will take place in accordance with our Privacy Notice and will be in accordance with the legislation or regulatory requirement. Explicit consent will be sought from Parents/Guardians if the school wishes to disclose this information to a third party for any other reason. Parents and Guardians have the right to access the personal data and can do so by using our Subject Access Request forms found on our website.

By signing this document you have given consent for the school to use this information supplied and have had permission from other persons' listed on this form to use their information for the purposes of essential school information.

**Parent/Guardian Name (Please print) :**

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**Parent/Guardian Signature:**

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**Date:** \_\_\_\_\_