

School Admission Form



School use only	
Admission number	
Local Authority	
Year group	
Class teacher	
Date processed	

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 and the General Data Protection Regulation (2018). Data on this form will be shared, with the Local Authority, in line with the school's Privacy Notice.



Please PRINT and complete all the shaded boxes below

Please provide as much information as possible about your child					
Legal Surname		Legal Forename			
Preferred Surname		Preferred Forename			
Middle Name(s)		Date of Birth		Birth Place	
Home Address					
Post Code		Home Tel No.		Gender (M/F)	
Name and mobile number of allocated social worker (if applicable)					

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

(each contact must sign the form. By signing, each contact is agreeing for the school to hold their contact details)

Contact Information PARENT/GUARDIAN	Priority Number	Currently serving in Regular HM Forces (Y/N)
Title and Surname		Forename
Daytime Tel No.		Day Place
Home Tel No.		Mobile Tel No.
Email Address		
Home Address (if different to above)		
Post Code		SIGNED
Relationship to Pupil		Parental Responsibility (Y/N)

Contact Information PARENT/GUARDIAN	Priority Number	Currently serving in Regular HM Forces (Y/N)
Title and Surname		Forename
Daytime Tel No.		Day Place
Home Tel No.		Mobile Tel No.

Email Address			
Home Address (if different to above)			
Post Code		SIGNED	
Relationship to Pupil			Parental Responsibility (Y/N)

Contact Information Non-Parental Contact

Priority Number

Title and Surname		Forename	
Daytime Tel No.		Day Place	
Home Tel No.		Mobile Tel No.	
Email Address			
Home Address (if different to above)			
Post Code		SIGNED	
Relationship to Pupil			Parental Responsibility (Y/N)

Contact Information Non-Parental Contact

Priority Number

Title and Surname		Forename	
Daytime Tel No.		Day Place	
Home Tel No.		Mobile Tel No.	
Email Address			
Home Address (if different to above)			
Post Code		SIGNED	
Relationship to Pupil			Parental Responsibility (Y/N)

Lunchtime Meal Arrangements

Packed Lunch		School Meal		Entitled to Free School	
--------------	--	-------------	--	-------------------------	--

Please indicate the type of meal to have for each day of the week

Type of Meal	Monday	Tuesday	Wednesday	Thursday	Friday
Packed Lunch					
School Meal					

Dietary Requirements	Artificial Colouring Allergy		No Pork		No Dairy Produce	
----------------------	------------------------------	--	---------	--	------------------	--

	Gluten Free		Halal		Kosher Foods only	
	No nuts of any type		Vegetarian		Seafood Allergy	
Does your child have any other dietary requirements of which the school should be aware?						

Medical Information

Medical Practice Name		Tel No.	
Medical Practice Address			
Does your child have any medical conditions of which the school should be aware?			
Does your child receive any paramedical support?	Occupational Therapy		Physiotherapy
	Physiotherapy		Speech Therapy
	Other (please specify)		

Ethnicity

White

British Irish Traveller of Irish Heritage

Gypsy/Roma Other White background

Asian or Asian British

Indian Bangladeshi

Pakistani Other Asian background

Mixed

White & Black Caribbean White & Black African

White & Asian Other Mixed background

Black or Black British

Caribbean African Other black background

Chinese 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

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu
<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> No Religion	<input type="checkbox"/> Other Religion	

Previous School

Name of School							
Location of School (address)							
	Date From		Date To				
Does your child have any brothers or sisters at that school?				Yes		No	
If 'Yes', please give details							
Please use this space to give us any further information about your child that you feel we should know about and which has not already been covered by this form							

<u>Signature</u> of Parent/Carer with Legal Responsibility for the Child	Parent/Carer Name	Date