



This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with GDPR. Data on this form will be shared with the LA where necessary.

SCHOOL USE ONLY	
Admission no.	
Year Group	
Reg. Group	
Admission Date	
Date Processed	

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): \_\_\_\_\_  
 Preferred Surname: \_\_\_\_\_ Preferred Forename: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Home telephone number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please number priority box 1 - 4 in the order that you wish for them to be contacted in an emergency.

Contact Information:	Parent/Guardian
Title and Surname: _____	Forename: _____
Daytime Tel. No: _____	Day Place: _____
Home Phone: _____	Mobile: _____
E-mail: _____	Daytime Fax: _____
Address (if different to above): _____	
Postcode: _____	
Relationship to Pupil: _____ Parental Responsibility: Yes/No	
<div>Priority</div> <div><input type="checkbox"/></div> <div>Currently serving in Regular HM Forces Military units?</div> <div><input type="checkbox"/></div>	

Contact Information:	Parent/Guardian
Title and Surname: _____	Forename: _____
Daytime Tel. No: _____	Day Place: _____
Home Phone: _____	Mobile: _____
E-mail: _____	Daytime Fax: _____
Address (if different to above): _____	
Postcode: _____	
Relationship to Pupil: _____ Parental Responsibility: Yes/No	
<div>Priority</div> <div><input type="checkbox"/></div> <div>Currently serving in Regular HM Forces Military units?</div> <div><input type="checkbox"/></div>	

# PUPIL'S ADMISSION FORM

Contact Information:                      Non-Parental Contact	
Title and Surname: _____ Forename: _____	Priority <div style="border: 2px solid black; width: 60px; height: 60px; margin: 0 auto;"></div>
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	
E-mail: _____ Daytime Fax: _____	
Address: _____	
_____ Postcode: _____	
Relationship to Pupil: _____	

Contact Information:                      Non-Parental Contact	
Title and Surname: _____ Forename: _____	Priority <div style="border: 2px solid black; width: 60px; height: 60px; margin: 0 auto;"></div>
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	
E-mail: _____ Daytime Fax: _____	
Address: _____	
_____ Postcode: _____	
Relationship to Pupil: _____	

**Lunch time meal arrangements:**

Packed Lunch ☐                      School meal ☐                      Free School meal ☐

Please tick the type of meal to have for each day of the week below:-

Type of meal	Mon	Tue	Wed	Thu	Fri
Packed Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/Free Meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?

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## PUPIL'S ADMISSION FORM

### 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 ☐ Physiotherapy ☐  
Speech Therapy ☐ Other support ☐ please specify .....

### Ethnicity:

#### White

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

#### Asian or Asian British

- ☐ Indian  
☐ Pakistani  
☐ Bangladeshi  
☐ Any other Asian background

☐ Chinese

☐ I do not wish an ethnic background category to be recorded

This information was provided by

#### Mixed

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

#### Black or Black British

- ☐ Caribbean  
☐ African  
☐ Any other Black background

☐ Any other ethnic background

☐ Parent

☐ Student

## PUPIL'S ADMISSION FORM

### 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 ☐

### 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: \_\_\_\_\_

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

Parent/Guardian Name (Please print) : \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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