



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

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

PUPIL'S ADMISSION FORM

<u>Contact Information:</u> <u>Non-Parental Contact</u>	
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: _____	

<u>Contact Information:</u> <u>Non-Parental Contact</u>	
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 No Pork No Dairy Produce

Gluten Free Halal Kosher Foods Only

No nuts of any type/quantity Vegetarian Seafood Allergy

Does your child have any other dietary requirements that the school should be aware of?

Medical Information:



PUPIL'S ADMISSION FORM

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

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

Chinese

Any other ethnic background

I do not wish an ethnic background category to be recorded

This information was provided by

Parent

Student

First Language:

PUPIL'S ADMISSION FORM

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: _____