

**Greenmount Primary**  
**APPLICATION FOR ADMISSION**

Your Child's Surname..... Forename.....

Legal Surname.....Middle Name.....

Chosen name (if different to forename).....

Date of Birth..... Gender (F/M).....

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Please give details of brothers/sisters who attend Greenmount Primary:

Name..... Class.....

Name..... Class.....

Name.....Class.....

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Address of child:

House Number..... Street .....

Postcode..... Home Tel. No.....

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Please give details of all persons who can be contacted in an emergency. Please use the **Contact Priority** (numbers 1-3) to indicate the preferred order in which contacts should be contacted.

**Contact Details 1. MOTHER**

Surname..... Forename.....

Title.....Gender (M/F).....Daytime Tel. No.....Mobile No.....

E mail address.....Notes (e.g. call morning only).....

Home Address.....

Please indicate relationship to child (e.g. parent).....

Does the above named have **Legal Responsibility for the Child?**.....

Contact priority No.....

**Contact Details 2. FATHER**

Surname..... Forename.....

Title.....Gender (M/F).....Daytime Tel. No.....Mobile No.....

E mail address.....Notes (e.g. call morning only).....

Home Address.....

Please indicate relationship to child (e.g. parent).....

Does the above named have **Legal Responsibility for the Child?**.....

Contact priority No.....

**Contact Details 3.**

Surname..... Forename.....

Title.....Gender (M/F).....Daytime Tel. No.....Mobile No.....

E mail address.....Notes (e.g. call morning only).....

Home Address.....

Please indicate relationship to child (e.g. parent).....

Does the above named have **Legal Responsibility for the Child?**.....

Contact priority No.....

**Travel Arrangements** – Please tick appropriate box

Car

School  
Coach

Bus

Train

Taxi

Bicycle

Walks

Other

**Dinner Arrangements** – Please tick appropriate box

Paid School  
Dinner

Free School  
Dinner

Packed Lunch

Home Dinner

Other

Any special dietary needs (e.g. **Halal**) .....

**Medical Information**

Doctor's Name..... Tel. No.....

Practice Address.....

Any medical conditions/allergies school should be aware of? .....

.....  
.....

**Medical Cont.**

Is your child currently taking any medication? Yes  No

If yes, please give details.....

Will it be necessary to give medicine in school? Yes  No

**Ethnicity**

**Home Language**

**Religion**

Is English an additional language? .....

Which language do you speak at home? E.g. Urdu, Bengali, Pashto, Polish, Hebrew, Chinese

.....

What is the child's ethnic origin? E.g. Bangladeshi, Black African, Kashmiri Pakistani, Other Pakistani, White British etc.....

What is the child's Religion? E.g. Islam, Christian, Catholic, Hindu, No Religion etc.

.....

...

What is the child's National Identity? E.g. Welsh, British, Scottish, Irish, Other

.....

...

Refugee? Yes  No  Country of origin .....

**Educational History (if applicable)**

Previous School/Nursery	Address	Dates of starting & leaving
.....	.....	...../...../..... to ...../...../.....
.....	.....	...../...../..... to ...../...../.....

**Permissions**

Please sign below to **permit** your child to go on local walks (within one mile of school).

Name of Child.....

Signature of parent/carer .....

We occasionally have press and community organisations that may ask to take photographs of your child. Please sign below if you **give permission** for this to happen.

Signature of parent/carer .....

Please sign below to give permission for medication to be administered in school if necessary

Name of Child .....

Signature of parent/carer .....

Please give permission for school staff to contact medical staff (e.g. emergency services / G.P.) if necessary

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**Early Years**

Early Years teachers may use your child’s photo for displays and Learning Profiles. These pictures would not be taken out of the Early Years setting or used for any other purpose.

Please sign below if you **give permission** for this to happen.

Name of Child.....

Signature of parent/carer .....