



APPLICATION FOR ADMISSION

If you would like to know why we collect this information, please refer to our Privacy Notice.

FOR OFFICE USE ONLY – Birth Certificate Seen ☐ **Admission Date**.....

Class..... **SIMS input Date/Sign**.....

Date of Home Visit..... **FAIR ACCESS: YES/NO**

Basic Details

Legal Forename.....Middle Name(s).....

Legal Surname.....

Preferred/chosen Forename

Date of Birth..... Gender Male ☐ Female ☐

UPN Number (from previous school if applicable)

Child's home address

House Number.....Post Code.....

Street name.....

Name of Parent/s or Carer/s

Relationship to child.....

Title.....Forename.....Surname.....

National Insurance number:.....Date of Birth:.....

Gender (M/F).....Home Tel. No.....Mobile No.....

Work Tel. No.....email address.....

Home Address (if different to child)

Country of birth.....

Does this person have legal responsibility for the child? Yes ☐ No ☐

Translator required: Yes ☐ No ☐ If yes, what language?

Relationship to child.....

Title.....Forename.....Surname.....

National Insurance Number.....Date of Birth.....

Gender (M/F).....Home Tel. No.....Mobile No.....

Work Tel. No.....email address.....

Home Address (if different to child).....

Country of birth.....

Does this person have legal responsibility for the child? Yes ☐ No ☐

Translator required: Yes ☐ LanguageNo ☐

Emergency Contacts- We need 3 contacts including Parents/Carers

1.Relationship to child.....

Title.....Forename.....Surname.....

Gender (M/F).....Home Tel. No.....Mobile No.....

Home Address (if different to child).....

Does this person have legal responsibility for the child? Yes ☐ No ☐

Translator required? Yes ☐ Language..... No ☐

2.Relationship to child.....

Title.....Forename.....Surname.....

Gender (M/F).....Home Tel. No.....Mobile No.....

Home Address (if different to child).....

Does this person have legal responsibility for the child? Yes ☐ No ☐

Translator required? Yes ☐ LanguageNo ☐

Family Links

Please tell us who lives at your child's home address; sibling details, relatives.

<u>Name</u>	<u>Relationship to child</u>	<u>comments</u>

Dietary

Do you think you are eligible for **Free School Meals**? ☐

Does your child have any special dietary needs? E.g. halal/vegetarian.....

Medical

- ✓ Please tick this box to give school your permission to contact the emergency services in the unlikely event that your child needs urgent assistance ☐

Child's NHS number?.....

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

Practice Address.....

Please answer following questions and give details. Does your child:

Have any allergies?

Have an epipen? Yes ☐ No ☐

Have any medical conditions? E.g. Glue ear,eczema,asthma

Take any regular Medication?

Have or need a Health Care Plan?

Has your child had any major illness, operation or a hospital stay?

Does your child have any additional needs in the following? Please tick if Yes

Need		Details.....
Speech and Language	<input type="checkbox"/>	
Emotional or Behavioural	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	
Physical Movement	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Immunisations/Vaccinations- Has your child had the following immunisations? Please tick

Whooping Cough <input type="checkbox"/>	Diphtheria <input type="checkbox"/>	Tetanus <input type="checkbox"/>	Polio <input type="checkbox"/>
Measles	Hib Meningitis	Mumps <input type="checkbox"/>	Rubella <input type="checkbox"/>

If your child has a medical condition and needs to be given medicine in school, you must speak to the school office and complete a medical consent form.

Ethnic/Cultural

What is your child’s ethnic origin? E.g. White-British, Pakistani, Bangladeshi, Black-African

.....

What language do you and your child speak at home? E.g. English, Urdu, Chinese, Polish?

.....

Is English an additional Language? Yes ☐ No ☐

What country was your child born in?.....

What is your child’s national identity?

Are your family? Asylum seekers ☐ Refugee’s ☐

What is the child’s religion?

Sikh ☐ Buddhist ☐ Christian ☐ Hindu Jewish Muslim No religion

Other ☐ please specify.....

Additional Information

How will your child travel to school? Walk ☐ Bus ☐ Car ☐

Welfare

Is your child known to social services? No ☐ Yes ☐ Details:.....

School History

School Town Dates Attended

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Additional Notes

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.....

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Consent Form

I give consent for the following:

Internet access for education ☐

Photography/use of photos on school website ☐

School Visit / Local Walks ☐

Information sharing with other professionals ☐

**PLEASE NOTE IF ANY OF THE ABOVE INFORMATION SHOULD CHANGE IT IS
YOUR RESPONSIBILTY TO NOTIFY SCHOOL**

Signature of Parent / Carer.....

Print Name.....

Date
