



“An Outstanding School” Ofsted 2010 & 2007



## ADMISSION INFORMATION

Parents/Carers are requested to complete the relevant sections of this form on admission of their child/children into school.

This information is essential because:-

1. It will ensure that school staff are aware of the learning and language needs of all pupils in school.
2. It will ensure that the cultural, linguistic and religious needs of all pupils are included in the ethos of the school.
3. It is a requirement by the Department for Education (DfE) in order to monitor standards of achievement.

### PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITAL LETTERS

**Note:** PLEASE MARK 'N/A' FOR ANY QUESTIONS THAT ARE NOT APPLICABLE

SECTION I – PERSONAL INFORMATION	
Child's full name (Please advise if they are, or prefer to be, known by any other name).	
Date of Birth	(Day/month/year)
Gender	Male/female
Address (i.e. where child lives)	
Main contact telephone number	Home : Mobile:
Full name of parents/carers	
Who the child lives with (if different from above)	
Nationality: (Please provide evidence that we can photocopy e.g. passport, NHS Card)	
Arrival date in the UK (if not UK born)	
Are you a permanent resident in the UK or on a visa? – If on a visa what type?	Permanent UK resident: (please tick if applicable) <input type="checkbox"/>  Visa :
Religion (write 'None' if no religion)	
Festivals observed	
Dietary needs eg vegetarian, dairy-free, gluten free, no pork, nut allergy	
Is there anything in the birth or early childhood history of your child that we need to be aware of e.g. premature birth, illnesses etc?	

## SECTION 2 - ETHNICITY

Please tick your child's ethnic origin.

<p><b>White</b></p> <p><input type="checkbox"/> BRITISH</p> <p><input type="checkbox"/> IRISH</p> <p><input type="checkbox"/> TRAVELLER OF IRISH HERITAGE</p> <p><input type="checkbox"/> GYPSY/ROMA</p> <p><input type="checkbox"/> ANY OTHER WHITE BACKGROUND</p> <p><b>MIXED</b></p> <p><input type="checkbox"/> WHITE AND BLACK CARIBBEAN</p> <p><input type="checkbox"/> WHITE AND BLACK AFRICAN</p> <p><input type="checkbox"/> WHITE AND ASIAN</p> <p><input type="checkbox"/> ANY OTHER MIXED BACKGROUND</p> <p><input type="checkbox"/> <b>CHINESE</b></p>	<p><b>ASIAN OR ASIAN BRITISH</b></p> <p><input type="checkbox"/> INDIAN</p> <p><input type="checkbox"/> PAKISTANI</p> <p><input type="checkbox"/> BANGLADESHI</p> <p><input type="checkbox"/> ANY OTHER ASIAN BACKGROUND</p> <p><b>BLACK OR BLACK BRITISH</b></p> <p><input type="checkbox"/> CARIBBEAN</p> <p><input type="checkbox"/> AFRICAN</p> <p><input type="checkbox"/> ANY OTHER BLACK BACKGROUND</p> <p><b>ANY OTHER ETHNIC GROUP</b> Please describe e.g. Arabic, Japanese, French, Spanish</p>
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If seeking asylum please tick

## SECTION 3 - LANGUAGE

If any language other than English is/are spoken at home please complete this section

What language does your child speak at home?	
Other languages spoken at home?	
What languages are used by family members to your child either in the same home or close family unit?	
Is your child learning to read/write languages other than English?	<p><b>Read</b></p> <p><b>Write</b></p>
What is the most useful written language for your family?	

## Section 4 - PREVIOUS EDUCATION

Nurseries and schools attended in the UK and overseas

Name of previous school(s)/nursery	Date started and left	Address and telephone number of previous school(s) / nursery
<p><b>NB if previous schools are outside the UK, please confirm the main school language.</b></p>		

## SECTION 5 - MEDICAL INFORMATION

Please describe any medical conditions e.g. asthma, allergies, eczema, diabetes	
Is your child on any long term medication for any of the above conditions – if yes please describe. The school will need you to complete authorisation forms for medication to be held and used in school.	Yes/No  Medication:
Has your child any physical disability e.g. Problems with sight, hearing, speech or mobility? If so please describe.	Yes/No
Is your child receiving any support or treatment in connection with any of the above. If yes please state with whom and where. Please give dates and contact telephone numbers if known.	Yes/No
Does your child have a special educational need recognised by a previous school/nursery? If yes please describe what support they have been receiving and where possible a contact name and telephone number.	Yes/No
Are there any other medical conditions we need to be made aware of? If so please describe.	Yes/No
<b>NAME AND ADDRESS OF CHILD'S DOCTOR</b>	<b>TELEPHONE NUMBER OF DOCTOR</b>

**SECTION 6 - OTHER CHILDREN IN THE FAMILY**

<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>MALE/FEMALE</b>	<b>SCHOOL</b>

**SECTION 7 - EMERGENCY / ILLNESS CONTACTS**

Please give names, addresses and telephone numbers of people to be contacted in case of any emergency or if your child becomes ill while in school.

**Please put in order of who the school should contact first (i.e. Contact No 1 should usually be a parent /carer). If possible please supply the school with up-to-date mobile telephone numbers.**

<b>NAME OF CONTACT NO 1</b>	
<b>SURNAME AND FORENAME</b>	
Relationship to child e.g. Mother, Father, Grandmother, Neighbour, Childminder	
Address (If different from the child's home address)	
Contact telephone number(s)	Home: _____ Work: _____ Mobile: _____
<b>NAME OF CONTACT NO 2</b>	
<b>SURNAME AND FORENAME</b>	
Relationship to child e.g. Mother, Father, Grandmother, Neighbour, Childminder	
Address (If different from the child's home address)	
Contact telephone number(s)	Home: _____ Work: _____ Mobile: _____
<b>NAME OF CONTACT NO 3</b>	
<b>SURNAME AND FORENAME</b>	
Relationship to child e.g. Mother, Father, Grandmother, Neighbour, Childminder	
Address (If different from the child's home address)	
Contact telephone number(s)	Home: _____ Work: _____ Mobile: _____

**SECTION 8 - OTHER INFORMATION**

Please use this section to inform us of any other relevant information that you wish staff to be aware of on admission of your child.

**Signature of parent/carer:**

**Date:**                    /                    /

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