



SCHOOL USE ONLY: Class: Admission Date: UPN:
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NEW PUPIL ADMISSION FORM

All schools are required by law to keep on record details of children admitted; we should therefore be grateful if you would complete the form in BLOCK CAPITALS and hand it into the school office when your child is admitted. Your child's birth certificate should be presented at the time of your child's admission.

SECTION 1 – INFORMATION ON PUPIL

Full Legal name of Pupil.....

Known as Gender: (M/F)..... Religion

Ethnicity/Cultural Date of Birth

Address.....

..... Temporary / Permanent

Post Code Home Telephone Number.....

Pupil's Country of Birth

Language(s) used including English:	ENGLISH	Other language 1	Other language 2
First Language			
Language spoken at home			
With friends			
Please tell us how well your child reads in each language:			
Please tell us how well your child writes in each language:			

Dietary Requirements.....

Please advise the office if your child has a specific dietary requirement. Menu's are available on the school website.

Lunch: School UIFSM years R,1, 2 only Free School Meal

Packed Lunch Home

Position of Child in Family Out Of Brothers and Sisters

Other siblings in this school /year group.....

.....

Doctor's Name.....
Address of Doctor.....
Tel.No.....

Does your child have a medical condition / allergy which we should know about? (e.g.Asthma)
.....
.....

Do we have permission to administer first aid ? Yes/ no

Do we have permission to contact your doctor? Yes/ no

Does your child have any Special Educational Needs?
.....
.....

Last School or Nursery Attended In the U.K.(including address)
.....

Other Educational Experience (e.g. levels and language(s) of schooling in another country, supplementary school, religious classes etc.)
.....
.....

Any Time(s) Spent Out Of School
.....

SECTION 2 – INFORMATION ON FAMILY AND HOME

Mother's Name..... Ethnicity

Language(s) Used

Address.....Tel. No.....

E-mail address

*National Insurance Number *Date of Birth

Country of Birth.....Priority 1 2 3 4 (please circle)

Father's Name..... Ethnicity.....

Language(s) Used.....

Address.....Tel. No.....

E-mail address

*National Insurance Number *Date of Birth

Country of Birth..... Priority 1 2 3 4 (please circle)

Who has parental responsibility for pupil? (Please tick box)

Mother Father Both Neither

If 'Neither' has parental responsibility for pupil please give full details here:

.....
*Information marked with a * is confidential and only used for the reason of checking if additional funding is available for the pupil (ie Early Years funding, Pupils Premium Funding and Statutory obligations. This information is not a requirement of a school place)*

NAME OF CARER(S).....

Telephone number E-mail address

Relationship to Pupil..... **Is the pupil in public care? Y/N**

Details of Care Arrangement.....Date.....

Interpreter Required Yes / No Which Language?

Translated Letters Required Yes / No Which Language?

We also need details of two additional people we could contact in an emergency:

1. NAME.....

Address.....

..... Tel. No.....

Language(s) Spoken.....

Relationship to Pupil..... Priority 1 2 3 4 (please circle)

2. NAME.....

Address.....

..... Tel. No.....

Language(s) Spoken.....

Relationship to Pupil..... Priority 1 2 3 4 (please circle)

SECTION 3 – ADDITIONAL INFORMATION FROM PARENT(S)

Please add any further information you may wish the school to know, for example:

1- Any other important information you wish to tell us about your child and family?

2 - Does there need to be flexibility in the school’s arrangements concerning:

Mixed activities, e.g. swimming, PE, dancing? Yes/ No - Details

School assembly? Yes/ No – Details

Dress codes, including sports wear? Yes/ No - Details

3 - Please provide a security word to be given to school staff if you need to provide emergency/alternative collection arrangements for your child

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4- I give permission for the school to use photos of my child

On the school website Yes/ No Internal literature Yes/ No External Literature (inc. advertising) Yes/ No

(Permission will be individually sought in cases for external literature and advertising where pupils are named)

5 - Permission to collect

I / we give the following people permission to collect our child from school. Please advise school immediately if this changes.

Name	Relationship to child

SECTION 4 – SCHOOL VISITS

We ask for your permission for your child to be taken on visits to places of interest in the local area, and further away. These visits are usually connected to the work that your child is doing in school. Pupils are always accompanied by a teacher on these visits. The school will notify parents when visits that are further away, require travel on public or private transport and additional voluntary contributions are requested and when these will take place. Pupils are always supervised in accordance with the County’s guidelines.

I give permission for my child to visit places in the locality and further away during the school day, which form a part of the school’s curriculum, provided that pupils are supervised in accordance with the County’s guidelines.

SIGNED (Parent/Guardian) _____ Name _____
Date _____

Data protection

The purpose of this form is to collect data for further processing within the schools. LA systems. Your signature on this form implies your consent to the school/LA to process the data. The data will be processed in accordance with the purposes notified by the school/LA to the Data Commissioner’s office and are subject to the Data Protection act. The information given will be entered onto a computer and form part of the school’s database. This information will also be shared with others ,such as School Nurses as per the privacy notice.

Declaration of person with legal responsibility :

I declare the above information to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change in my child circumstances.

Signed: _____ Date: _____