



# NEW PUPIL ADMISSION FORM

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

## SECTION 1 – INFORMATION ON PUPIL

First Name.....Known as.....  
 Middle Name.....Surname.....  
 Address.....  
 .....Temporary/Permanent  
 Post Code .....Home Telephone Number.....  
 Date of Birth .....Gender: (M/F).....  
 Position of Child in Family ..... Out Of .....Brothers and Sisters  
 Other siblings in THIS school (including their class).....  
 .....

## SECTION 2 – INFORMATION ON FAMILY AND HOME

**1. Mother's First Name.....Surname.....**  
 Language(s) Used .....\*National Insurance Number .....  
 Address and postcode (if different from above).....  
 .....  
 Mobile Number.....Work Phone Number.....  
 E-mail address.....  
 \*Date of Birth .....Country of Birth.....  
**If we need to contact you: Priority 1 2 3 4 (please circle)**

**2. Father's First Name.....Surname.....**  
 Language(s) Used .....\*National Insurance Number.....  
 Address and postcode (if different from above).....  
 .....  
 Mobile Number.....Work Phone Number.....  
 E-mail address.....  
 \*Date of Birth .....Country of Birth.....  
**If we need to contact you: Priority 1 2 3 4 (please circle)**

*Information marked with an \* is confidential and only used for checking if additional funding is available for the pupil (ie Early Years funding, Pupils Premium Funding and Statutory obligations) If you think you may be entitled please tick*

### **3. Who has parental responsibility for the pupil? (Please tick box)**

Mother       Father       Both       Neither

**SECTION 2 – CONTINUED**

**4. (If applicable) Name of Carer(s)**.....  
Contact Telephone Number(s).....  
E-mail address .....Relationship to Pupil.....  
**Is the pupil in public care? Yes/No**  
Details of Care Arrangement.....Date.....

**SECTION 3 – EMERGENCY CONTACTS**

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

**1. First Name**.....**Surname**.....  
Address and Postcode.....  
.....Contact Telephone Number.....  
Language(s) Spoken.....Relationship to Pupil.....  
**Priority 1 2 3 4 (please circle)**

**2. First Name**.....**Surname**.....  
Address and Postcode.....  
.....Contact Telephone Number.....  
Language(s) Spoken.....Relationship to Pupil.....  
**Priority 1 2 3 4 (please circle)**

**SECTION 4 – ENTITLEMENT/ENROLMENT**

**1. Last School or Nursery Attended In the U.K. (Including Address)**  
.....  
.....

**2. Any Time(s) Spent Out Of School (Dates and Reasons)**  
.....  
.....

**4. Does your child have any Special Educational Needs**  
.....  
.....

**SECTION 5 - ADDITIONAL INFORMATION FROM PARENT(S)**

1. Pupil's Country of Birth .....Religion .....

**Ethnic Origin:** (Please tick) White British  White Irish  Traveller Irish   
Any Other White Background  Gypsy/Roma  White and Black Caribbean   
White and Black African  White and Asian  Any Other Mixed Background  Indian  Pakistani   
Bangladeshi  Any Other Asian Background  Black Caribbean  Black African   
Any Other Black Background  Chinese  Any Other Ethnic Background

2. First Language.....  
Language spoken at home (with family and friends).....  
2<sup>nd</sup> and/or 3<sup>rd</sup> Languages .....

3. Any Dietary Requirements.....  
*Please advise the office if your child has a specific dietary requirement. Menus are available on the school website.*

4. Any other important information you wish to tell us about your child and family?  
.....  
.....

**SECTION 6 – MEDICAL**

1. Doctor's Name.....Surgery Name.....  
Address and Postcode of Doctor.....  
..... Phone Number.....

2. Does your child have any medical conditions/allergies we should know about? (e.g.Asthma)  
.....  
.....

3. Do we have permission to administer first aid? Yes/no  
Do we have permission to contact your doctor? Yes/no

*Please note: It is your responsibility to make the school aware of any changes to your child's medical needs including any allergies/food intolerances.*

## **SECTION 7 - PERMISSION**

### **1. I give permission for the school to use photos/videos of my child:**

**Within School Premises** Yes/No

**In School Publications (i.e. advertising)** Yes/No

**On the School Website** Yes/No

***Please Note: Permission will be individually sought in cases for external literature and advertising where pupils are named***

**2. School Visits** - Sometimes your child may be taken on visits to places of interest in the local area and further away. These visits are usually connected to the work they are doing in school and can sometimes be to a place of worship. The school will notify you and ask for voluntary contributions when these visits are further away and require travel on public or private transport. Pupils are always accompanied by a Teacher and 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.**

**Signed (Parent/Guardian).....Print Name.....**

**Date.....**

### **3. Permission to collect - I give the following people permission to collect our child from school:**

***Please advise school immediately if this changes.***

<b>Name</b>	<b>Relationship to child</b>

**4. Please provide a password for school staff if you need to provide emergency/alternative collection arrangements for your child.....**

**Data protection** - The purpose of this form is to collect data for further processing within the schools and 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's circumstances.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **SECTION 8 - SCHOOL POLICIES**

On our school website please find and read the following documents by hovering over the Parents tab along the top, then Parents Information, then select School Forms (please see the School Office if you require a paper copy):

- Home and School Contract
- Code of Conduct for Parents and Carers
- Pupil Acceptable Use Agreement/Online Safety Rules

*I confirm that I have read and understood all the above documents and will adhere to these policies at all times.*

Signed (Parent/Guardian).....Date.....

Print (Parent/Guardian).....

Signed (Pupil).....Date.....

Print (Pupil).....

Headteacher; Mr N Blackwell BSc NPQH



# FOR OFFICE USE ONLY

Pupil Full Name.....Class.....

Date of Birth.....

Birth Certificate/Passport (*date received*) .....

Application Form (*date received*) .....

Start Date.....

Medical Info/Food Allergies (*if asthmatic send asthma form and record date received back*).....

.....

.....*Date kitchen informed*.....

Integris (*date*).....

Teachers To Parents (*date*).....

School Money (*add to any relevant items*).....

Welcome Text Sent (*date*).....

PPF (*true/false*).....

**Previous School Contacted** (*to confirm start date, ask for CTF, safeguarding and SEN files. School number 9313262*) .....

## Date Received:

CTF.....

Safeguarding.....

SEN.....

<h2>Notes</h2>
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