

THE HYDE SCHOOL

ADMISSION FORM

OFFICE USE

Admission Date: Year Group/Class:

School Dinner: YES/NO FSM: YES/NO Meal Type: Standard/Vegetarian/Halal

CHILD'S DETAILS

Male Female

First Name:

Known Name:

Family Name:

Date of birth:

Home address:

.....

..... Postcode:

Contact no:

MOTHER OR LEGAL GUARDIAN'S DETAILS

Mr/Mrs/Miss/Ms/Other:

First Name:

Family Name:

Address (If different from child's):

.....

..... Postcode:

Contact no:

Mobile no:

Work no:

If guardian, relationship to child:

E-mail address:

FATHER OR LEGAL GUARDIAN'S DETAILS

First Name:

Family Name:

Address (If different from child's):

.....

..... Postcode:

Contact no:

Mobile no:

Work no:

If guardian, relationship to child:

E-mail address:

National Insurance No:

EMERGENCY CONTACT

Mr/Mrs/Miss/Ms/Other:

First Name:

Family Name:

Home address:

.....

..... Postcode:

Contact no:

Any other no:

Relationship to child/family:

PREVIOUS EDUCATION

Has your child attended school before? YES/NO

Name:

Address:

.....

Start date: Leaving date:

Reason for leaving:

.....

DOCTOR'S DETAILS

Doctor's Name
Surgery Address:
.....
..... Postcode:
Contact no:

MEDICAL

Does your child suffer from any of the following:

Diabetes Epilepsy
Asthma Allergies
Visual Impairment Hearing difficulties
Has grommets

Permission to administer **First Aid** to your child:

Yes No

Has your child had any contact with any of the following?

Social Worker: YES NO
Educational Welfare Office: YES NO
Education Psychologist: YES NO
Speech Therapist: YES: NO

FOOD ALLERGIES

Is your child allergic to any of the following:

Fish YES NO
Milk YES NO
Eggs YES NO
Nuts YES NO
Dairy produce YES NO

Other (please state):

SPECIAL EDUCATIONAL NEEDS

If your child has a Statement of Educational Needs please give details:

If any SEN provision was in operation at previous school please give details:

RELIGION

Please state your child's religion:

ETHNICITY & STATUS

Child's Country of Birth:
Arrival in UK:
Child's Ethnicity:
Mother's country of origin:
Father's country of origin:
Are you a refugee?
Are you a traveller?
Languages spoken by child:
Other languages spoken at home:

BROTHERS/SISTERS

Name: Date of birth: School:

Name: Date of birth: School:

RELATIVES AT THIS SCHOOL

Name:

Name:

Which council borough do you live in?

Barnet Brent Harrow Other: (please state:)

How will your child travel to school?

Is your child on the waiting list for any other school? NO

YES which one(s)

EDUCATIONAL VISITS

As part of the National Curriculum, from time to time, the children will be taken out of school for walks, educational visits and trips.

I give my permission for to go out of school under supervision.

Signed: Parent/Guardian Date:

PHOTOGRAPHS

We often take photographs of children for displays in school or as a record of the work the children have done.

I give my permission for to have their photo taken and used for displays within the school.

Signed: Parent/Guardian Date:

NAME: (BLOCK CAPITALS)

RELATIONSHIP TO PUPIL:

SIGNATURE:

DATE: