



Pupil Admission Details

Nursery start date

School start date

Details of Child

Surname		Date of Birth
Forenames		Male / Female
Address		Birth Cert. seen Y/N
		Post Code
Telephone number	Previous School	
Date of leaving/reason		

Details of Parents/Guardians

Name of Persons with whom the child lives	Relationship to child	Telephone Number

Are any of the parents in service? (Army etc).....

When the child lives with guardians, someone other than his or her parents(s), the school, by law needs details of those persons who have parental responsibility. This is always the natural mother and, where the parents were married at the time the child was born, the natural father also retains parental responsibility.

Name of others with Parental Responsibility	Relationship to child	Telephone Number
If parents are separated or divorced, has a court order been issued?		Yes / No

Details of other children in the family (brothers and sisters only).

Name	Date of Birth	School (if attending)

Emergency Contacts

Name	Relationship to child	Telephone	Place of contact
1			
2			
3			
4			

Nationality of child e.g. British, Chinese, Indian, Pakistani.....

Ethnicity of Child Please tick one only

Asian or Asian

White

Indian	Pakistani	British	Irish
Bangladeshi	Chinese	Any other Ethnic Group	

Black or Black British

Caribbean	African
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Mixed/Dual Background

White and Black Caribbean	White and Asian
Other Mixed Background	

Religion of Child - Please tick one box only

Christian	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Catholic	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	OT - Other	<input type="checkbox"/>

First Language / Mother Tongue of child e.g., English, Punjabi.....

Which language is spoken most at home?

Does your child have any Special Education Needs? Yes/No

If yes, please state the stage.....

Medical Details

Name of Practice:			
Family Doctor:		Telephone Number:	
Address:			
Does your child have any Allergies?	Yes / No	Does your child have medication for an Allergy?	Yes / No
Details of allergy: E.g. Type of Food, Nuts, Plasters, Penicillin etc. Also the type and seriousness of reaction your child has.			
May we administer first aid in the case of any emergency? Y/N			
Is your child disabled?		Are you disabled?	
Is there any other information regarding your child's health you wish the school to be aware of? If yes please give details below.			

Mode of Travel - How will your child travel to and from school? Please tick one box only.

Walk	<input type="checkbox"/>	Car or Van	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Car Share	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	Public Service Bus	<input type="checkbox"/>	Other:			

Meal Requirement, Please tick one

Paid School Meals	<input type="checkbox"/>
Free School Meals	<input type="checkbox"/>
Sandwiches	<input type="checkbox"/>

Does your child require milk? (Reception - Year 2) Please tick one. *Please note, milk envelopes are issued every term for your completion regardless of whether you have ticked this box.

Paid Milk	<input type="checkbox"/>
Free Milk	<input type="checkbox"/>

I have read and understood the guidance notes before completing this form and I confirm that:

- The information I have given on the form is correct
- I have parental responsibility for this child

Signature of Parent / Carer Date