

## ADMISSION FORM

CHILD'S SURNAME		FORENAME	
MIDDLE NAME(S)		CHOSEN NAME	
MALE / FEMALE		DATE of BIRTH	
HOME ADDRESS			
POST CODE		HOME TELEPHONE	

OTHER SIBLINGS IN THE FAMILY:			
NAME		Dob:	School attends:
NAME		Dob:	School attends:
NAME		Dob:	School attends:
NAME		Dob:	School attends:

PREVIOUS PRE-SCHOOL / NURSERY / PLAYGROUP if any (Please give details)			
SCHOOL NAME			
ADDRESS			
POST CODE		TELEPHONE	

DATE FOR ADMISSION:						
<b>Year of entry:</b> Please circle	<b>Baby Unit</b> Min 3 ams	<b>Pre-School</b> 2+ in Sept Min 4 ams	<b>Nursery</b> 3+ in Sept Min 5 ams	<b>Reception</b> 4+ in Sept Full time	<b>Year 1</b> 5+ in Sept Full time	<b>Year 2</b> 6+ in Sept Full time

Desired hours please tick	MON	TUES	WED	THURS	FRI
AMs only					
PMs only					
Full Day					

**Wrap Around Care\*\*:** Please circle: I am interested in breakfast club / afterschool club / none

\*\* Offered subject to enough children needing this

ETHNIC ORIGIN We are required by the Department for Education and Skills to collect the following information: (please tick <b>one</b> only)					Prefer not to disclose
Black African Background		Pakistani		White Western European	Traveller of Irish Heritage
Black Caribbean Background		White British		White/Black Caribbean	Other Ethnic Group
Bangladeshi		Other White		White/Black African	Other Asian Background
Chinese		White Irish		White/Asian	Other Black Background
Indian		White European		Gypsy/Roma	Other Mixed Background

<b>FIRST LANGUAGE</b>		<b>ENGLISH ADDITIONAL LANGUAGE</b>	YES / NO
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<b>COUNTRY OF BIRTH</b>		<b>NATIONALITY</b>	
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RELIGION					
Christian		Hindu		Buddhist	Jewish
Muslim		Sikh		Other	No Religion

It is a legal requirement that the school has sight of your child's original birth certificate. Please bring it in to the office with the completed forms. The certificate will be returned to you immediately in person or held in the school safe.

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## Contact Details

**Please give details of all persons who have any legal responsibility for this pupil**

AND anyone else who could be contacted in an emergency if you are not available.

Use the **Contact priority (1...4)** to indicate the preferred order in which school should contact people in an emergency

Relationship should be shown as **Aunt, Grandparent, Step-Parent, Neighbour, Childminder, etc.**

<b>MOTHER</b>				
Contact Priority Number	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Surname			Title	
Forename				
Address				
Post Code				
Home Tel. No				
Mobile Tel. No				
Daytime Tel. No				
Work Place				
e-mail				
Legal Status of Parental Responsibility	<b>Y</b>	<b>N</b>		

<b>FATHER</b>				
Contact Priority Number	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Surname			Title	
Forename				
Address				
Post Code				
Home Tel. No				
Mobile Tel. No				
Daytime Tel. No				
Work Place				
e-mail				
Legal Status of Parental Responsibility	<b>Y</b>	<b>N</b>		

<b>Relationship:</b>				
Contact Priority Number	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Surname			Title	
Forename				
Address				
Post Code				
Home Tel. No				
Mobile Tel. No				
Daytime Tel. No				
Work Place				
e-mail				
Legal Status of Parental Responsibility	<b>Y</b>	<b>N</b>		

<b>Relationship:</b>				
Contact Priority Number	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Surname			Title	
Forename				
Address				
Post Code				
Home Tel. No				
Mobile Tel. No				
Daytime Tel. No				
Work Place				
e-mail				
Legal Status of Parental Responsibility	<b>Y</b>	<b>N</b>		

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## Medical Questionnaire

Pupil's Name: ..... DoB: .....

MEDICAL INFORMATION			
Doctor's Name		Telephone	
Surgery Address			
Medical conditions or information you wish the school to record:			

- Has your child suffered any serious illness/infection? (i.e. Chicken Pox, Measles)  
YES/NO .....
  
- Were there any known difficulties in your child's early development?  
YES/NO .....
  
- Has your child had any operations?  
YES/NO .....
  
- Has your child ever suffered from convulsions? YES / NO. If Yes, please give dates(s) and cause if known .....
  
- Is your child allergic to Plasters? YES/NO      Type: .....
  
- Does your child have any other allergies? (i.e. asthma, hay fever, eczema, etc.)  
YES/NO .....  
If YES, what are the signs/symptoms to look out for? .....  
.....
  
- Is your child independent in the toilet – clean and dry during the day?  
YES/NO .....
  
- Left Handed/Right Handed/Don't know yet .....
  
- Has your child received vaccination against Tetanus in the last 5 years? YES/NO

- Is your child fully up to date with all childhood vaccinations? YES/NO. If no, what are they missing?  
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- Are there any known problems relating to Speech? **YES/NO**  
 Referred to speech therapist, etc.? YES/NO  
 Present Treatment:  
 Possible Future Needs:

- Are there any known problems relating to Vision? **YES/NO**  
 Referred to optician/hospital, etc.? YES/NO  
 Present Treatment: Glasses Worn: YES/NO  
 Possible Future Needs:

- Are there any known problems relating to Hearing? **YES/NO**  
 Referred to specialist? YES/NO  
 Present Treatment: Hearing Aid Worn: YES/NO  
 Possible Future Needs:

**MEDICINES:** Any prescribed medication that needs to be taken during the school day must be handed to the School Office by the parent/carer. A consent form will be required to be completed and all medicines should be in containers clearly labelled with the child’s name, the type of medicine and the dosage instructions. All medication must be in date.

**48 HOUR RULE:** We remind parents that children should remain at home for 48hours following the last episode of vomiting or diarrhoea. This follows the advice of the Health Protection Agency and is considered best practice in preventing viruses spreading throughout the school community.

**Please return this form, ensuring you have enclosed the following:**

- £500 deposit
- Copy of child’s birth certificate or passport as proof of date of birth
- Passport sized recent photograph of your child, with name on the back
- Any supporting documentation e.g. Educational Care and Health Plan, any other Special Educational Needs, previous nursery reports etc..

**Declaration:**

I confirm that the information given in this form is true, complete and accurate.

Signed \_\_\_\_\_ (parent/carer) Date \_\_\_\_\_

Print Name \_\_\_\_\_

Child’s Name \_\_\_\_\_