



ADMISSION FORM

The information contained on this form will be placed on records in the school computer and held in keeping with the terms of the Data Protection Act of 1984

FOR OFFICE USE ONLY				
Admission date	Address/Birth Cert. Verified	UPN No	CTF Received	Class

Please complete ALL SECTIONS using CAPITAL letters (Your application may be delayed if we do not have all relevant information)

Please enter your child’s details:	
Surname/Family Name:	Child’s Name: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: DD / MM / YYYY	Country of Birth/Nationality:

Previous School or Nursery Information — if applicable	
Name of present/previous School or Nursery	
Address/Tel No.	
Please give reason for application/transfer:	
How would your child normally travel to school (please circle) Walk Car Public transport Other	
* Service child (please circle) Yes No *please indicate if anyone with parental responsibility is a member of the Armed Forces	

Child's Parent(s), Legal Guardian(s) or Carer(s) Information	
Name (1)	Name (2)
Relationship to child.....	Relationship to child.....
**Address:	**Address:
Postcode:	Postcode:
Home Tel No:	Home Tel No:
Work Tel No:	Work Tel No:
Mobile No:	Mobile No:
*** NI / NASS REF:	***NI / NASS REF:
Date of birth DD / MM / YYYY	Date of birth DD / MM / YYYY

Please PRINT clearly IN CAPITAL LETTERS

**** Main Email Address

Additional Email Address

** The address above must be the address where the child normally lives and with the adult who has parental responsibility. A current proof of address, for example, a recent Electric, Gas, or Council Tax Bill, and original Birth Certificate must be shown with this application form. Parents should note that child-minders’ addresses, including private arrangements with family members will not be taken into consideration. In the event of your child being offered a place further proof of address will be required.

*** This information is used to assist us and you in obtaining additional funding called Pupil Premium to support your child.

**** This is our main method of keeping you informed and updated with what is going on in school, so please print clearly. Errors may mean you do not receive relevant information

Additional Emergency Contact 1

- this will be used in the event of the school not being able to contact you

Name..... Telephone Number.....

Address.....

Postcode..... Relationship to child.....

Additional Emergency Contact 2

- this will be used in the event of the school not being able to contact you

Name..... Telephone Number.....

Address.....

Postcode..... Relationship to child.....

Please list any other children attending this school

Name Date of birth..... DD / MM / YYYY

Name Date of birth..... DD / MM / YYYY

Name Date of birth..... DD / MM / YYYY

Medical Information

Practice address

Illness details (if any).....

Permission to contact GP YES NO Permission to administer First Aid YES NO **Special Needs Information**

Stage Category.....

Services.....

Ethnic group — Choose **ONE** section from A— E then tick **ONE** box to best describe your ethnic group or background**A. White** British Irish Any other White background (please specify)
.....**B. Mixed/Multiple ethnic groups** White and Black Caribbean White and Black African White and Asian Any other Mixed/multiple ethnic background (Please specify)
.....**C. Asian/Asian British** Indian Pakistani Bangladeshi Chinese Any other Asian background (please specify)
.....**D. Black/African/Caribbean/Black British** African Caribbean Any other Black/African/Caribbean background (please specify)
.....**E. Other Ethnic group** Arab Any other ethnic group (please Specify)
.....**Religion (please specify)**
.....**Language spoken at home**(please specify)
.....*I the undersigned as Parent/Carer/Guardian of the above named child, declare that the information given is true, correct and complete.*

Name..... Relationship to child.....

Signature..... Date.....