



SCHOOL ADMISSION FORM

Details of Child

First Name	Middle Name	Family Name
Gender M/F	Date of Birth	Country of Birth
Date of Entry into UK	Status of Entry	Class / Admission Date

Home Details

Number	Street Name	Town	Post Code
Home Telephone			

Family/Contact Details

Contact Name - Mum	
Home Telephone	
Mobile Telephone	
Work Telephone	
Email Address	
National Insurance No.	
Contact Name - Dad	
Home Telephone	
Mobile Telephone	
Work Telephone	
Email Address	
National Insurance No.	
Contact Name - Emergency	
Home Telephone	
Mobile Telephone	
Work Telephone	
Email Address	
Relationship to Child	

Siblings

Name	Age	School Attended

Medical Information

NHS Number:

Doctors Name	Doctors Address	Doctors Telephone

Are your child's injections up to date?	
Does your child suffer from any illness or Allergies? If Yes, please give details.	
What symptoms does your child show that would give us concern?	
Does your child take medication regularly? If Yes, please give details.	

Asthma medication is kept in the medical room. If your child requires asthma medication, this will be administered if required by the welfare staff. Should you have any concerns please contact the School Office. Please keep the school informed of any changes in medication or dosages that may occur in your child's treatment of asthma.

Please complete the box below

My child is not asthmatic	
My child takes asthmatic medication. Please give details.	

Previous School

If your child has attended a previous school or Nursery please give details in the box below.

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Ethnic Information

As part of our data collection we are required to collect the ethnicity and background Information of all pupils. Please tick only one box in each section.

Language	Tick		Tick
Bengali		Cantonese	
English		Farsi	
Greek		Gujarati	
Hindi		Italian	
Other		Panjabi	
Portuguese		Tamil	
Urdu		Pushto	
Polish			

Ethnic Background – this may be based on many things – skin colour, language, culture or ancestry, it is not the same as nationality or country of birth.			
White	Tick		Tick
White Eastern European		White Western European	
British		Irish	
Irish Traveller		Gypsy/Roma Traveller	
Other White Background			
Black or Black British	Tick		Tick
Caribbean		African	
Ghanaian		Somali	
Nigerian		Other Black African	
Any other Black Background			
Chinese, Asian or Asian British	Tick		Tick
Any Chinese group		Indian	
Pakistani		Bangladeshi	
African Asian		Sri Lankan	
Nepalese			
Mixed	Tick		Tick
White and Black Caribbean		White and Black African	
White and Asian		Any other mixed background	
Any other ethnic group	Tick		Tick
Afghan		Other Arab	
Iranian		Iraqi	
Japanese		Latin/Central/South American	
Any other ethnic group			

Religion	Tick		Tick
Anglican		Baptist	
Other Christian		Hindu	
Jewish		Methodist	
Muslim		No Religion	
Other		Roman Catholic	
Sikh		United Reformed church	
Budhism			

Local Visits

During any school year there are reasons why your child may be required to participate in educational activities which take place off the school premises, e.g. nature walk, visit to a local park, library or local shops. These activities do not involve your child being transported in vehicles, and do not require any form of payment. These activities contribute to the normal school curriculum.

I/We give permission for my/our child to participate in educational visits which take place off school premises.

Signed: _____

Date:

Photographs

Please read the attached information regarding photographs/videos that may be taken of your child during their time at school.

Please tick the appropriate box

I give permission for my child to have their photographs taken and or have videos taken when required []

I do not give permission for my child to have their photograph taken and to have videos taken. []

Signed: _____

Date:

Image Agreement

Please read the attached information regarding the taking of images during school events.

I _____ (insert name) parent of
_____ (insert child's name) of class _____ (insert class)

agree that any pictures or videos that I make take at school events will not be uploaded onto the internet or into the public domain.

Signed: _____ Date: _____

E-Safety Agreement

Please read the attached information regarding E-Safety and Acceptable use and sign below:

We have discussed the E-Safety Acceptable Use Agreement and _____ (child's name) agrees to follow the e-Safety rules and to support the safe use of ICT in School.

Parent/Carer Signature _____

Child's Name _____

Class _____

Date: _____