

Admission Pack

It is essential that the School has the most up to date information for your Child. Please ensure that you inform us of any changes to contact numbers, address etc. $Thank\ you.$

Pupil Information

		apii_in_formation
Child	s Surname	
Child	s Forename(s)	
Child	's Date of Birth	
Paren	t / Carers Information	
Mothe	ers Full Name	
Mothe	ers Address & Postcode	
Mothe	ers Contact Number (Home)	
Mothe	ers Contact Number (Mobile)	
Mothe	ers Contact Number (Work)	
Mothe	ers National Insurance Number	
Mothe	ers Date of Birth	
Fathe	rs Full Name	
Fathe	rs Address & Postcode (if different to above)	
Fathe	rs Contact Number (Home)	
Fathe	rs Contact Number (Mobile)	
Fathe	rs Contact Number (Work)	
Fathe	rs National Insurance Number	
Fathe	rs Date of Birth	
Emerg	gency Contacts	
I	Name Home Tel No. Mobile Tel No. Relationship to child Name	
2	Home Tel No. Mobile Tel No. Relationship to child	
3	Name Home Tel No. Mobile Tel No. Relationship to child	
4	Name Home Tel No. Mobile Tel No.	

Relationship to child

Home Language

Please tick box. If you do not want to use any of the descriptions listed, please tick the 'other' box and write in your own.

Arabic	Italian	Vietnamese
Bengali	Japanese	Welsh
Cantonese	Latvian	Other Language
English	Pan jabi	Please Specify:
Gaelic	Polish	
Greek	Romanian	
Gu jarati	Russian	
Hindi	Urdu	

Religion

Buddhist	Sikh	
Christian	No religion	
Hindu	Other	
Jewish	Please specify:	
Muslim		
Rastafarian		

Child's Country of Birth	
Child's Nationality	

ETHNIC BACKGROUND

(based	on	the	new	national	po	pulation	Census	ethnic	categories)
									1

Child's Name	
Class / Teacher	

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as Nationality or Country of Birth.

Please tick ONE box only to indicate the ethnic background of the child named above

White			
British	Gypsy/Roma		
Irish	Any other white background		
Traveller of Irish Heritage			
Black or Black British			
Caribbean	Any other Black background		
African			
Mixed			
White & Black Caribbean	White & Asian		
White & Black African	Any other mixed background		
Asian or Asian British			
Indian	Bangladeshi		
Pakistani	Any other Asian background		
Chinese			
Any other ethnic background			
I do not wish an ethnic background to be recorded			
	Pa	rent	
This information was provided by the	Ch	ild.	

MEDICAL CONDITIONS

Child's Name

	Child's Date of Birth		
	Class / Teacher		
If you child has o	any of the following conditions please tick wh	iich apply	
Asthma			
Diabetes			
Eczema			
Epilepsy			
Allergies (Please	specify)		
Other (Please sp	pecify)		
Does your child	have any special dietary needs		
DOCTOR INFORI	MATION		
Doctors Name			
Address			
Contact Number	-		

SPECIAL EDUCATIONAL NEEDS INFORMATION

Child's Name	
Child's Date of Birth	
Class / Teacher	

Does your child have Special Educational Needs?	Yes	No
Does your child have / ever had support from Speech & Language Therapy?	Yes	No
3 11 3 1 3 3 13		
Does your child have a Statement or EHA plan	Yes	No

Please indicate key professionals who are working with your child

Key Professionals	Key Worker
Early Years	
Sensory Inclusion	
Physiotherapy	
Occupational Therapy	
Educational Physiologist	
Paediatrician	
Social Services	
Audiology	
Child & Family Services	

If your child is receiving support from any of the professionals above our Special Educational Needs Co-Ordinator will contact you in order to ensure that transition to School is well planned and as smooth as possible.

DATA COLLECTION

Travel Arran	aements
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Please tick only one box to indicate your child's main mode of transport to school.

Car/Van	
Car Share	
Cycle	
Public bus service	
Taxi	
Walk	
Other	

Meal Arrangements

Please tick the appropriate choice

Free School Meal	
Paid School Meal	
Packed Lunch	
Home	

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some data with the Local Authority and with the DfES.

Parent /	Carer	Signature:
Parent /	Carer	Print Name:
Date:		

PLEASE NOTE: We would ask that you notify the school immediately of any changes that may occur during the school year e.g. telephone numbers, addresses etc. so that we may keep our records up to date. Thank you.