



## ADMISSION FORM

Please provide us with the following information it will be treated with the strictest confidence and used in the best interests of your child. It may be vital in case of an accident.

Surname:..... First names.....  
Chosen Name..... Date of Birth.....  
Address.....  
..... Post Code.....  
Home Tel. No.....  
Other children and ages.....

Parent/Guardian name:.....Mr / Mrs / Miss / Ms  
Address (if different from child's).....  
Telephone No:..... Mobile.....  
Work place & No.....

Parent/Guardian name:.....Mr / Mrs / Miss / Ms  
Address (if different from child's).....  
Telephone No:..... Mobile.....  
Work place & No.....

Other persons who may be contacted in an emergency:

Name:..... Relationship to child.....  
Address (if different from child's).....  
Telephone No:..... Mobile.....  
Work place & No.....

Name:..... Relationship to child.....  
Address (if different from child's).....  
Telephone No:..... Mobile.....  
Work place & No.....

Name:..... Relationship to child.....  
Address (if different from child's).....  
Telephone No:..... Mobile.....  
Work place & No.....

**School Dinners:**

Do you wish your child to have school dinners / packed lunch (delete as required)

Do you wish to apply for Free School meals.....

Does your child have any dietary needs.....

Name & Address of Doctor.....

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Tel No.....

Does your child have any medical conditions we need to be aware of.....

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**I give my consent to the seeking of any necessary emergency medical advice or treatment.**

Parent/Carer .....

Name of Health Visitor.....

Name of Social Worker.....

Previous school (if any).....

**Ethnic Origins: (please circle appropriate heading)**

White / Black – African / Black – Caribbean / Black – other / Indian / Pakistani / Bangladeshi / Chinese/

other.....

**Religion: (please circle appropriate heading)**

Christian / Hindu / Jewish / Muslim / Sikh / Other / No religion

**Home Language:**

English / Other.....

Any other information.....

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Office use only

Admission No.....

Date of Admission.....

UPN No.....