



Pupil admission form

This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 2018. Data on this form will be shared with the Local Authority where necessary.

School use only	
Admission no.	
Year group	
Reg. group	
Admission date	
Date processed	

Birth certificate seen? <i>(School use only)</i>	
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Please write clearly using CAPITAL LETTERS in the spaces below.

Please provide as much information as possible about your child	
Legal surname: _____	Legal forename: _____
Gender (M/F): _____	Date of birth (DD/MM/YYYY): _____
Middle name(s): _____	
Preferred surname: _____	Preferred forename: _____
Home address: _____	
	Postcode: _____
Home phone number: _____	

Please give details of all people who have parental responsibility and anyone else you wish to be contacted in an emergency. Please prioritise them in the order that you wish for them to be contacted.

Contact information (parent/ carer)

Priority number:		Parental responsibility?	Yes / No
Title and surname: _____	Forename: _____		
Daytime phone number: _____	Daytime place: _____		
Mobile phone number: _____	Home phone number: _____		
Email: _____			
Address (if different from above): _____			
	Postcode: _____		
Relationship to pupil: _____			
Currently serving in regular HM Forces military units? (Y / N)			

Contact information (parent/ carer)

Priority number:		Parental responsibility?	Yes / No
Title and surname: _____	Forename: _____		
Daytime phone number: _____	Daytime place: _____		
Mobile phone number: _____	Home phone number: _____		
Email: _____			
Address (if different from above): _____			
	Postcode: _____		
Relationship to pupil: _____			
Currently serving in regular HM Forces military units? (Y / N)			



Contact information (other)

Priority number:		Parental responsibility?	Yes / No
Title and surname: _____		Forename: _____	
Daytime phone number: _____		Daytime place: _____	
Mobile phone number: _____		Home phone number: _____	
Email: _____			
Address (if different from above): _____			
Postcode: _____			
Relationship to pupil: _____			
Currently serving in regular HM Forces military units? (Y / N)			

Contact information (other)

Priority number:		Parental responsibility?	Yes / No
Title and surname: _____		Forename: _____	
Daytime phone number: _____		Daytime place: _____	
Mobile phone number: _____		Home phone number: _____	
Email: _____			
Address (if different from above): _____			
Postcode: _____			
Relationship to pupil: _____			
Currently serving in regular HM Forces military units? (Y / N)			

Lunchtime meal arrangements

Which option is the most likely for your child to take at lunchtime?

- Packed lunch
- School meal
- Free school meal

Please tick the type of meal you think your child will usually have each day:

	M	Tu	W	Th	F
Packed lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/ free school meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dietary requirements:

- | | | |
|-------------------------------------|---|---|
| Vegetarian <input type="checkbox"/> | No nuts <input type="checkbox"/> | No pork <input type="checkbox"/> |
| Halal <input type="checkbox"/> | No dairy produce <input type="checkbox"/> | Seafood allergy <input type="checkbox"/> |
| Kosher <input type="checkbox"/> | Gluten free <input type="checkbox"/> | Artificial colouring allergy <input type="checkbox"/> |

Does your child have any other dietary requirements that the school should be aware of?



Medical information

Medical practice name:

Medical practice address:

Post code: _____

Phone number: _____ Doctor: _____

Does your child have any medical conditions we should be aware of?

Does your child receive any paramedical support? (Y / N) If yes, please indicate below:

Occupational therapy Physiotherapy Speech therapy

Other support (please give details):

Ethnicity

How would you describe the ethnicity of your child?

White or White British

- British
- Irish
- Any other White background
- Traveller of Irish heritage
- Gypsy/ Roma

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese or other ethnic group

- Chinese

Any other ethnic group (please give details): _____

I do not wish an ethnic background category to be recorded

First language

A first language other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.

First language: _____

Other languages spoken (in order of importance):

1. _____ 2. _____ 3. _____

Country of birth: _____

Nationality: _____



Religion

- Buddhist
- Christian
- Hindu

- Jewish
- Muslim
- Other religion

- No religion
- Sikh

Additional information

How does/ will your child usually travel to school?

- Walk
- Car share
- Train

- Cycle
- Car/ van
- Taxi

- Scoot
- Bus
- Other

Previous school (if applicable)

Date from: _____ Date to: _____

Name of school: _____

Reason for leaving: _____

Does this child have any brothers and sisters at this school? Yes / No

If yes, please give details:

Please use the space below to give us any information about your child that you feel we should know and which has not already been covered by this form:

This form was filled in by (name of parent/ carer): _____

Signature: _____

Date: _____

PLEASE LET THE SCHOOL KNOW WHEN ANY OF THE DETAILS ON THIS FORM CHANGE.