

**ADMISSION FORMS**

All schools are required by law to keep on record details of children admitted; we would therefore be grateful if you would complete this form and hand it to the school office when your child is admitted. By signing these forms you are giving consent for us to contact your current Nursery/School.

Your child’s birth certificate should be presented at the same time.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name of Child: | | Male |  | Female |  |
| Date of Birth | Birth Certificate checked at school (Date and initials) | | | | |
| Child’s Permanent Address: | | | | | |
|  | | | | | |
| Post Code: | Home Tel. No.: | | | | |

**DETAILS OF THOSE WITH LEGAL PARENTAL RESPONSIBILITY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Mother: (Name) | | Father: (Name) | |
| Address (if different from above) | | Address (if different from above) | |
|  | |  | |
|  | |  | |
| Post Code: | | Post Code: | |
| Mother’s Date of Birth: | | Father’s Date of Birth: | |
| Home Tel. No: |  | Home Tel. No: |  |
| Mobile Tel. No.: |  | Mobile Tel. No.: |  |
| Work Tel. No.: |  | Work Tel. No.: |  |
| E-mail address: |  | E-mail address: |  |

|  |
| --- |
| With whom does the child live? |

**DETAILS OF ANY OTHER PERSONS WITH PARENTAL RESPONSIBILITY (See \*Note overleaf)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Name: | |
| Address: | | Address: | |
|  | |  | |
|  | |  | |
| Post Code: | | Post Code: | |
| Tel. No: |  | Tel. No: |  |

**PLEASE ATTACH A COPY OF ANY COURT ORDERS RELATING TO YOUR CHILD**



(Please tick if attached)

**\*Note: OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989**

Parental responsibility may be shared between a number of people beyond the child’s natural parents. Married parents have equal responsibility; on separation or divorce both parents continue to have responsibility. Unmarried fathers may acquire parental responsibility in one of five ways;

1. by making a parental responsibility agreement with the mother;
2. he may apply to Court for an order which gives him parental responsibility;
3. by marrying the mother; d) by being made a guardian; e) by obtaining a residence order.

|  |  |
| --- | --- |
| Name of School last attended (if appropriate) | Date of last attendance: |
| Address: |  |
| Tel. No.: |  |
| Name of Nursery/Childminder attended (for Reception Class starters only) |  |
| Address: |  |
| Tel. No.: |  |

**DETAILS OF TWO PERSONS WILLING TO BE CONTACTED IN CASE OF EMERGENCY IF PARENT IS NOT AVAILABLE**

|  |  |
| --- | --- |
| Name: | Name: |
| Home Tel. No: | Home Tel. No.: |
| Mobile Tel. No.: | Mobile Tel. No.: |
| Relationship to child: | Relationship to child: |

**DETAILS OF CHILD’S DOCTOR DETAILS OF ANY OTHER CLINIC/HOSPITAL THAT THE CHILD ATTENDS**

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
|  |  |
|  |  |
| Tel No.: | Tel No.: |

**In the event of my child requiring emergency treatment** and the headteacher (or his/her representative) being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing of my child.

Please detail below if your child has any allergies, the reactions and the medical intervention required.

|  |  |
| --- | --- |
| My child is allergic to  **(Food based)** |  |
| My child is allergic to  **(Medical based)** |  |

|  |  |
| --- | --- |
| Date of my child’s last anti-tetanus injection: |  |

SIGNATURE OF PERSON WITH LEGAL RESPONSIBILITY

|  |
| --- |
|  |

DATE

|  |
| --- |
|  |

**MEDICAL INFORMATION**

In order to maintain accurate pupil records it is vital that your child’s medical information is correct and updated regularly. Please could you supply us with the following information and ensure that any changes throughout the year are notified to the School Office.

Does your child suffer from:

|  |  |  |
| --- | --- | --- |
| Asthma | Y / N | Does your child require an inhaler in school: Y / N  **(if yes, asthma card is required)** |
| Eczema | Y / N | Does your child require any medication in school: Y / N |
| Hayfever | Y / N | Does your child require any medication in school: Y / N  Please detail medication and dosage: |
| Anaphylaxis | Y / N | Does your child require an Epipen in school: Y / N |
| Diabetes | Y / N | Does your child require any medication in school: Y / N |
| Epilepsy | Y / N | Does your child require any medication in school: Y / N |
| Any other medical condition | Y / N |  |

***Please ensure that all medication that is required to be held within school, is in date and clearly labelled with your child’s name and dose required.***

**ADDITIONAL EDUCATIONAL NEEDS**

Does your child have additional needs that you feel we need to know about?

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**RELIGION & LANGUAGE DECLARATION**

The information is used to help us provide support for all pupils. We view diversity of culture, language and religious faith as very positive and wish to give our bilingual pupils any support they may need as well as positively recognising different religious traditions in every pupil’s home. Thank you for your cooperation. The information is used to help us provide support for all pupils. The information you give is confidential and will be included in your child’s confidential records. Only the total figures for the school will be passed on to the Education Authority and to the Department for Education. Information about individual pupils or schools will not be published.

|  |  |  |  |
| --- | --- | --- | --- |
| What is your family’s religion?  **Please tick the most appropriate box or add another religion in the space provided** | | | |
|  | Christian |  | Sikh |
|  | Hindu |  | Buddhist |
|  | Jewish |  | Other (please state) |
|  | Muslim |  | Tick here if you do not wish to answer |

|  |  |  |  |
| --- | --- | --- | --- |
| Which languages are spoken at home by parents and/or children?  **Please tick all languages used by family in the home** | | | |
|  | Bengali |  | Italian |
|  | Cantonese |  | Panjabi |
|  | English |  | Spanish |
|  | French |  | Turkish |
|  | Greek |  | Urdu |
|  | Gujarati |  | Roma |
|  | Hindu |  | Other (please state) |

**PUPILS ETHNIC MONITORING QUESTIONNAIRE**

**Notes for Parents**

All schools are required by the Department for Children, Schools and Families to collect information on pupils’ ethnic background. Parents/Guardians of all pupils are being asked to tick one box on this form.

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.

It is recommended that young people over the age of 11 years old have the opportunity to decide their own ethnic identity. Parents/Guardians are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Please study the list below carefully and tick one box only to indicate the ethnic background of the pupil or child named. Should you not wish an ethnic category to be recorded please tick the box at the end of the questionnaire. Please also tick whether a parent/guardian or pupil filled in the form.

# White

English Greek Cypriot

Scottish Gypsy/Roma

Welsh Kosovan

Other White British Portuguese

Irish Turkish

Traveller of Irish Heritage Turkish Cypriot

Albanian White Eastern European

Bosnian-Herzegovinian White Western European

Croatian White Other

Greek

# Asian or Asian British

Indian Sri Lankan Sinhalese

Pakistani Sri Lankan Tamil

Bangladeshi Sri Lankan Other

African Asian Other Asian

Nepali

# Mixed/Dual Background

White and black Caribbean Asian and any other ethnic group

White and black African Black and any other ethnic group

White and Pakistani Chinese and any other ethnic group

White and Indian White and any other ethnic group

White and any other Asian background Other mixed background

# Black or Black British

Caribbean Any other black background

African

# Chinese

Chinese

# Any Other Ethnic Group

Afghan Kurdish

Arab other Latin/South/Central American

Egyptian Lebanese

Filipino Malay

Iranian Thai

Iraqi Vietnamese

Japanese Any other ethnic group

I do not wish an ethnic background category to be recorded.

**DIETARY REQUIREMENTS**

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| --- |
| Please use this space to inform us of any dietary requirements that your child may have. This can be either a Religious belief or lifestyle choice (ie; Vegan, Vegetarian). |
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**CONSENT FOR WATCHING PG FILM/DOCUMENTARIES**

**Watching PG Movies**

As part of our curriculum we may from time to time wish to show extracts of films that have a PG certificate as part of a topic or lesson, by signing below you are consenting to your child watching these films/documentaries. The staff will of course ensure the extracts are appropriate before showing any extracts to the children.

|  |  |
| --- | --- |
| **Parent’s/Guardian’s Signature** |  |
| **Date** |  |

**CONSENT FOR SCHOOL EDUCATIONAL VISITS AND OTHER OFF-SITE ACTIVITIES**

Please sign and date the form below if you are happy for your child:

1. To take part in school educational visits, trips and other activities that take place off school premises; and
2. To be given first aid or urgent medical treatment during any school trip or activity.

**Please note the following important information before signing this form:**

* The activities covered by this consent include;
  + all educational visits,
  + adventure activities at any time,
  + off-site sporting fixtures outside the school day,
* The school will send you information about each educational visit or activity before it takes place.
* You can, if you wish, tell the school that you do not want your child to take part in any particular school educational visit or activity.

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year-group visits to local amenities, such as the local church, as such activities are part of the school’s curriculum and usually take place during the normal school day.

|  |  |
| --- | --- |
| **Parent’s/Guardian’s Signature** |  |
| **Date** |  |

Please complete the medical information section below and sign and date this form if you agree to the information on the previous page.

|  |  |
| --- | --- |
| **MEDICAL INFORMATION**  Details of any medical condition that my child suffers from and any medication my child should take during off-site visits: | |
|  | |
|  | |
|  | |
|  | |
| **Parent’s/Guardian’s Signature** |  |
| **Print Name** |  |
| **Relationship to child** |  |
| **Date** |  |