

Wolston St. Margaret's Primary School

ADMISSION FORM (CONFIDENTIAL)

Schools are required by law to keep on record details of children admitted. We should therefore be grateful if you would complete this form and hand it into the school office when your child is admitted. Your child's birth certificate/passport should be presented for copying and placing on file at the time of your child's admission to primary education.

STUDENT

Legal Forename _____

Middle name _____

Legal Surname _____

Preferred Forename _____

Date of birth _____

Gender _____

ADDRESS

House No _____

Street _____

District _____

Town _____

Postcode _____

PARENT/CARER 1

Title _____

Forename _____

Surname _____

Relationship to Child _____

Parental Responsibility YES/NO

Home Tel No _____

Mobile Tel No _____

Email _____

Address if different to child

PARENT/CARER 2

Title _____

Forename _____

Surname _____

Relationship to Child _____

Parental Responsibility YES/NO

Home Tel No _____

Mobile Tel No _____

Email _____

Address if different to child

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below (in order of preference) the all details of any additional person(s) from those above who we can contact on such an occasion.

Title	_____	Title	_____
Forename	_____	Forename	_____
Surname	_____	Surname	_____
Relationship to Child	_____	Relationship to Child	_____
Home Tel No	_____	Home Tel No	_____
Mobile Tel No	_____	Mobile Tel No	_____

MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them to achieve their potential educationally. Would you please supply the following medical information about your child? This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially, please contact the School Nursing Team.

DIETARY NEEDS

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Artificial colour allergy | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Kosher food only | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> No pork | <input type="checkbox"/> No beef | <input type="checkbox"/> Seafood allergy |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Halal | <input type="checkbox"/> Other (please specify) | |

MEDICAL PRACTICE

Surgery Name	Surgery Tel No
Surgery Address	

MEDICAL CONDITIONS

- Does your child suffer from?**
- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bowel or bladder problems | <input type="checkbox"/> Eczema | <input type="checkbox"/> Any other medical condition |

Do you consider your child to have a disability? Yes / No *If Yes, please select all that apply from the list below.*

A child is considered to have a disability if their parent indicates substantial and/or long term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Hand Function | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Eating and drinking |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Communication | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Behaviour | <input type="checkbox"/> Consciousness e.g. seizures |
| <input type="checkbox"/> ASD/Aspergers | <input type="checkbox"/> Palliative care needs | <input type="checkbox"/> Other Disability/Health problem | |
| | | <input type="checkbox"/> | |

Does your child attend any medical clinics? - Yes / No

If Yes, please give details in the box below

If you have ticked any of the above boxes, please give further details below:-

If your child is on regular medication, does it need to be given during school hours? – Yes / No

If Yes please discuss with the Head teacher.

ETHNIC/CULTURAL INFORMATION

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed

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

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Chinese

Black or Black British

- Caribbean
- African
- Any other Black background
- Prefer not to disclose

FIRST LANGUAGE

The language to which your child was first exposed to in their early childhood and which they continue to use or be exposed to at home or in your community

- | | | | | |
|----------------------------------|----------------------------------|--|---|--|
| <input type="checkbox"/> Arabic | | <input type="checkbox"/> Chinese Cantonese | <input type="checkbox"/> Chinese Mandarin | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Panjabi (Gurmukhi) | <input type="checkbox"/> Panjabi (Mirpuri) |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Other (Please specify) | |

RELIGION

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Baptist | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Jewish | <input type="checkbox"/> Methodist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Sikh | <input type="checkbox"/> United Reform Church | <input type="checkbox"/> No Religion | <input type="checkbox"/> I do not wish a religion to be recorded |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Other | |

ADDITIONAL INFORMATION

MEALS		
<input type="checkbox"/> Eligible for Free Meals	<input type="checkbox"/> Packed Lunch	<input type="checkbox"/> Paid School Meals
TRAVEL TO SCHOOL - Please tick your child's usual main mode of travel. If the journey to school involves more than one mode of travel tick the mode used for the greatest part, by distance, of the journey.		
<input type="checkbox"/> Walk	<input type="checkbox"/> Cycle	<input type="checkbox"/> Car/Van
<input type="checkbox"/> Public Bus	<input type="checkbox"/> Taxi	<input type="checkbox"/> Car share with a child from another household
FOR SCHOOL USE ONLY	<input type="checkbox"/> LA provided transport	Route

Service Children in Education Indicator – are one or both parents Service personnel, serving in regular military units of any of the HM Forces, or in the Armed Forces of another nation and stationed in England and exercising parental care and responsibility?

Yes No

PREVIOUS SCHOOL HISTORY

School, pre-school or nursery	Address	Start Date	Leaving Date	Reason for Leaving

PARENTAL DECLARATION

DATA PROTECTION STATEMENT: *The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database.*

Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

I declare the above information to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change in my child's circumstances.

Signed: _____ Date: _____

For school use only

Registration Group _____ Birth Certificate/passport seen _____

Admission Date _____ UPN _____

GENERAL CONSENT FORM

Medical Consent

Do you give permission for the school to call the doctor/ambulance in an emergency? YES NO

Do you give permission for the school to administer first aid in an emergency? YES NO

Use of the internet

The internet is a key part of research in the modern school. We do have to point out, however, that there are sites on the internet which we would not wish our child to see. We have very powerful firewall software installed and monitored by Warwickshire county Council, which stops access to such sites. Children will not be allowed to use the internet as part of their studies unless you consent.

Do you give permission for your child to use the internet as part of their studies? YES NO

Local Visits Consent

Do you give permission for your child to be taken out of school on local educational visits? YES NO

Communication Consent

I give my permission for the school to contact me via

Phone YES NO

Email YES NO

Text YES NO

The information in this form will be used throughout your child's time at Wolston St. Margaret's Primary School. You may withdraw your consent at any time by contacting the school.

Name of child _____

Name of parent _____

Parent's signature _____

