



ST MARY'S CE VC FIRST SCHOOL

ADMISSION FORM



Legal Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

**Details of parents/guardians with whom the child usually lives:**

Title/Full Name: \_\_\_\_\_ Legal relationship to child: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Title/Full Name: \_\_\_\_\_ Legal relationship to child: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_

ONE email address required to facilitate our SchoolComms messaging and School Gateway payments system.

**Details of any other person having parental responsibility:**

Title/Full Name: \_\_\_\_\_ Legal relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Is your child the subject of a Court Order: Yes/No

**Emergency contact details for occasions when parents cannot be contacted:**

	Title:	Full Name:	Relationship to child:	Tel No:
1:	_____	_____	_____	_____
2:	_____	_____	_____	_____
3:	_____	_____	_____	_____
4:	_____	_____	_____	_____

**Medical Information:**

Surgery Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Please provide information regarding ANY medical condition/s that we need to be aware of:

\_\_\_\_\_

Does your child suffer from any allergies Yes/No Is your child asthmatic\* Yes/No

\*If your child is asthmatic please complete an asthma form (available from the school office).

**Transport Arrangements** - please circle one (if more than one option applies, circle the most usual)

Walk                      Cycle                      Car/Van                      Car Share                      Taxi                      Dedicated School Bus                      Public Bus Service

Name and address of previous school/playgroup: \_\_\_\_\_

\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

**Please give details of any other children in the family:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Names of professionals involved with your child (Please include Children's Centre Outreach workers, Early Intervention team, CAMHS, Paediatrician etc.)**

Name 1 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

**Do you have a health visitor?**                      Yes/No (delete)

Name \_\_\_\_\_ Based at \_\_\_\_\_

Telephone \_\_\_\_\_

**Does your family have a social care worker?**                      Yes/No (delete)

Name: \_\_\_\_\_ Based at: \_\_\_\_\_

Tel: \_\_\_\_\_

**What is the reason for the involvement of social care with your family?**

I give permission for my child to be discussed confidentially with other professionals to enable school to improve outcomes and develop support that will benefit my child.

Signed:..... Name:..... Date:.....

**Religion:** - Please circle

Buddhist      Christian      Hindu      Jewish      Muslim      Sikh      Other      No Religion

**Ethnic Origin:**

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.** Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed to the Local Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.

Please study the list below and tick one box only to indicate the ethnic background of your child.

**WHITE**

- British
- Irish
- Gypsy
- Roma
- Traveller \*

\* If you would like to provide any additional description or comment (eg: 'English', 'Irish', 'Scottish' or 'Welsh' Traveller, please use this space.

**MIXED**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any Other Mixed Background

**ASIAN OR ASIAN BRITISH**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background;  
Nepali
- Any other Asian

**Any other white background**

- White European
- White Other

**BLACK OR BLACK BRITISH**

- Caribbean
- African
- Any other Black background

**CHINESE**

**ANY OTHER ETHNIC GROUP**

I do not wish my child's ethnic background to be recorded

**Nationality**

- 1)
- 2)

You may record up to 2 nationalities for your child.

I do not wish my child's nationality to be recorded

**Country of Birth**

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I do not wish to provide this information

If you live more than two miles from school you are eligible for free transport provided by the Local Authority. You will receive a bus pass for your child directly from the LA. If you live within the two-mile limit you may apply for concessionary bus travel if there is a LA bus service in your area. Further information is available from the school office.

**FIRST LANGUAGE**

Please complete the information below regarding your child's First Language. "First Language" is the language to which a child was first exposed in their early childhood and which they continue to be exposed to at home or in the community. It is not a question of how well the child speaks English.

The information you provide will be held confidentially according to the law. It will be used to compile statistics on the school careers and experiences of children from different language backgrounds, to help ensure that all children have the opportunity to fulfil their potential. These statistics will not be published in a way that allows individual children to be identified and the information will not be used for any other purpose. From time to time this information will be passed to the Local Authority and to the DfE to contribute to local and national statistics.

Information about your child's First Language will be passed on to any other school to which your child transfers to save you having to be asked for it again.

You can ask to check you child's information at any time and, if you wish, to have the record of First Language removed.

Child's Name: \_\_\_\_\_

Child's First Language: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**SERVICE CHILDREN EDUCATION**

In accordance with The Education (Information about Individual Pupils) (England) (Amendment) Regulations 2007 schools must identify children who live with a parent, step-parent, parent's civil partner or a person with parental responsibility, who is a current member of the 'regular' armed forces and has been assigned Personal Status Category 1 or 2 by the Secretary of State for Defence. The information provided will be used for research and policy development purposes. From time to time it will be passed to the Local Authority and the DfE to contribute to local and national statistics. These statistics will not be published in a way that allows individual children to be identified. Data on individual pupils will not be shared with the MOD. Parents can ask to check their child's information at any time and, if they wish, have the information amended.

Child's Name: \_\_\_\_\_

This child **lives with** a parent, step-parent, parent's civil partner or a person with parental responsibility, who is a current member of the 'regular' armed forces and has been assigned Personnel Status Category 1 or 2 by the Secretary of State for Defence. **Please note that the Territorial Army are not classed as the regular armed forces and, as such, these pupils should not be considered Service Children.** YES  NO

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
(please print)

Date: \_\_\_\_\_

<p><b>For Office Use</b> Admission Number: _____ Admission Date: _____ Intake Year/Class: _____</p>
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