



Section A (Office Use Only)

Admission Date:/...../.....

Admission Number:

Unique Number:

Attendance: Full Time [....]
Part Time(a.m.) [....]
Part Time(p.m.) [....]

Year Group: [....]
Registration Group: [....]

Birth Certificate Seen: YES / NO

Section B

Pupil Details: (CONFIDENTIALITY: The information given below will be maintained on the school's data base to which no unauthorised person shall have access and will be subject to strict control under the Data Protection Act).

Legal Surname: **Forename:**

Middle Names(s): **(Chosen Forename:**)

(Previous Surnames:)

Date of Birth:/...../.....

Gender: M / F

Address:

..... **Postcode:**

Home Telephone Number:

e-mail address

Parents Full Names:

.....

Siblings at this School:

.....

Name and Address of

School / Pre-school: **Postcode:**

Telephone Number:

Dates attended:

Section C

Parents/Guardians/Contacts: Please give details of all persons who have **parental responsibility*** (including any parent who may not be living at the pupil's home address) and anyone else you wish to be contacted in an emergency. Please place them singly in the order you wish them to be contacted in the event of an emergency.

[*Following the **Children's Act 1989**, there are now specific definitions as to who has **parental responsibility**:

- If parents are married, separated or divorced, both parents have parental responsibility on an equal basis, unless it is restricted in some way by a court order.
- If the parents are unmarried, only the mother has parental responsibility, unless the father has obtained it by formal agreement with the mother or through a court order.
- Other people (step-parents, foster parents, other relatives etc.) do not have parental responsibility unless they have obtained it via the courts.

It is important for the school to know who has **parental responsibility** for each child so that we can provide the highest possible level of care for our children and provide information on the child's progress to all those who are legally entitled to it.]

Contact 1: Mr/Mrs/Miss/Ms (Full Name)
Home Address: Postcode:
Home Telephone No.
Daytime Contact: mobile/work 'Phone:
Relationship: [Parent] [Grandparent] [Relative] [Neighbour] [Other]
Parental responsibility: [YES] / [NO]
Court order: [YES] / [NO]
Pupil lives at this address: [YES] / [NO]

Contact 2: Mr/Mrs/Miss/Ms (Full Name)
Home Address: Postcode:
Home Telephone No.
Daytime Contact: mobile/work 'Phone:
Relationship: [Parent] [Grandparent] [Relative] [Neighbour] [Other]
Parental responsibility: [YES] / [NO]
Court order: [YES] / [NO]
Pupil lives at this address: [YES] / [NO]

Contact 3: Mr/Mrs/Miss/Ms (Full Name)
Home Address: Postcode:
Home Telephone No.
Daytime Contact: mobile/work 'Phone:
Relationship: [Parent] [Grandparent] [Relative] [Neighbour] [Other]
Parental responsibility: [YES] / [NO]
Court order: [YES] / [NO]
Pupil lives at this address: [YES] / [NO]

Contact 4:	Mr/Mrs/Miss/Ms (Full Name)
	Home Address: Postcode:
	Home Telephone No.
	Daytime Contact:	mobile/work 'Phone:
	Relationship:	[Parent] [Grandparent] [Relative] [Neighbour] [Other]
	Parental responsibility:	[YES] / [NO]
	Court order:	[YES] / [NO]
	Pupil lives at this address:	[YES] / [NO]

<u>Section D</u>	
Medical Information:	
Doctor's Name:
Surgery Address:
 Postcode:
Telephone Number:
Medical Conditions/Information: Please include details of any allergies/medical conditions e.g. asthma and medications regularly taken. If none, please state "NONE".	

<u>Section E</u>
Miscellaneous Information:
Dinner Arrangements: (choose one)
Free Meals [] Paid Meals [] Sandwiches [] Home [] Other []
Travel: (choose one)
School Bus [] Car [] Walks [] Taxi [] Bus [] Other [] LEA Transport []
ROUTE: (SCHOOL USE ONLY)

Section F

Cultural Information:

Ethnicity:

White

British ☐ ☐
Irish ☐ ☐
Traveller of Irish Heritage ☐ ☐
Gypsy/Roma ☐ ☐
Any other White background ☐ ☐
White Cornish ☐ ☐

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 ☐ ☐

Black or Black British

Caribbean ☐ ☐
African ☐ ☐
Any other Black background ☐ ☐

Chinese

☐ ☐

Any other ethnic background

I do not wish an ethnic background category to be recorded ☐ ☐
This information was provided by the parent ☐ ☐

Mother tongue:

Religion:

Anglican ☐ ☐
Baptist ☐ ☐
Christian ☐ ☐
Hindu ☐ ☐
Jewish ☐ ☐

Methodist ☐ ☐
Muslim ☐ ☐
No Religion ☐ ☐
Not Known ☐ ☐
Other ☐ ☐

Roman Catholic ☐ ☐
Sikh ☐ ☐
Unclassified ☐ ☐
United Reformed Church ☐ ☐

(Date of Baptism:) (Church Schools Only) (Evidence required)

Section G

Please fill in the details below. This will enable us to apply for Pupil Premium on your behalf.

Parent/Carer (1) Full Name Parent/Carer (2) Full Name

Date of Birth Date of Birth

National Insurance Number..... National Insurance Number.....

Section H

I confirm that the above information is true and accurate. I undertake to inform the school if any of the above details change. I understand that this form does not constitute an offer of admission by the school.

Signed: (Parent/Guardian*)

Date:

(*delete as applicable)

Section I **(Office Use Only)**

SIMS data Entry by: (date)