

## ST SIMON AND ST JUDE C OF E PRIMARY SCHOOL - PUPIL ADMISSION FORM

### Pupil Information, please provide as much information as possible.

Legal Surname: \_\_\_\_\_ Legal Forename: \_\_\_\_\_

Middle Names: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Preferred Surname: \_\_\_\_\_ Preferred Forename: \_\_\_\_\_

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

Post Code: \_\_\_\_\_ Home Tel. No: \_\_\_\_\_ Mobile Tel .No: \_\_\_\_\_

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please ensure we are notified of any changes to contacts or their telephone numbers.

### Parent / Guardian Contact Information

**1<sup>st</sup> CONTACT** Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Mrs/Mr/Ms/Miss

Relationship to Pupil: \_\_\_\_\_ Do you have Parental Responsibility: Yes/No

Daytime Tel No: \_\_\_\_\_ Home / Work / Other (specify) \_\_\_\_\_

Address if different to pupils address: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

### Parent / Guardian Contact Information

**2<sup>nd</sup> CONTACT** Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Mrs/Mr/Ms/Miss

Relationship to Pupil: \_\_\_\_\_ Do you have Parental Responsibility: Yes/No

Daytime Tel No: \_\_\_\_\_ Home / Work / Other specify) \_\_\_\_\_

Address if different to pupils address: \_\_\_\_\_ Post Code: \_\_\_\_\_

### Non Parental Contact Information 3rd CONTACT

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Mrs/Mr/Ms/Miss

Relationship to Pupil: \_\_\_\_\_ Do you have Parental Responsibility: Yes/No

Daytime Tel No: \_\_\_\_\_ Home / Work / mobile (specify) \_\_\_\_\_

**Non Parental Contact Information 4<sup>th</sup> CONTACT**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Mrs/Mr/Ms/Miss

Relationship to Pupil: \_\_\_\_\_ Do you have Parental Responsibility: Yes/No

Daytime Tel No: \_\_\_\_\_ Home / Work / mobile (specify) \_\_\_\_\_

**IMPORTANT MEDICAL INFORMATION**

Name of Dr: \_\_\_\_\_ Tel No: \_\_\_\_\_ Medical Practice: \_\_\_\_\_

Does your child have any medical conditions that school should be aware of: \_\_\_\_\_

Does your child have any Dietary Requirements/Allergies – please tick: Artificial Colourings \_\_\_ No Nuts \_\_\_

No Dairy Produce \_\_\_ No Pork \_\_\_ No Seafood \_\_\_ Gluten Free \_\_\_ Kosher Foods Only \_\_\_ Halal \_\_\_

**Cultural Information Ethnicity – please tick one:**

**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 \_\_\_

**Black or Black British**

Caribbean \_\_\_ African \_\_\_ Any other Black background \_\_\_

Chinese \_\_\_ Any other ethnic background \_\_\_ I do not wish an ethnic category to be recorded \_\_\_

**Religion – please tick one:**

Buddhist \_\_\_ Jewish \_\_\_ Other religion \_\_\_ Christian \_\_\_ Muslim \_\_\_ Sikh \_\_\_ Hindu \_\_\_ No religion \_\_\_

A **First Language other than English** should be recorded if a child was exposed to the language during early development and continues to be exposed to this language in the home or 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. \_\_\_\_\_

**COUNTRY OF BIRTH:** \_\_\_\_\_

**Child's Previous School / Nursery / Playgroup**

Name of School / Nursery / Playgroup: \_\_\_\_\_ Tel No: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

**Does this child have any brothers and / or sisters at this school? Please give details below:-**

\_\_\_\_\_

**Please use this space to give us any information about the child that you feel we should know:**

\_\_\_\_\_

\_\_\_\_\_

**PARENTAL CONSENT TO ATTEND OUT OF SCHOOL ACTIVITIES**

I give consent for my child to attend local out of school activities eg Church, Library (you will be informed of these).

**I declare the details I have given on this form are correct:**

**PARENT / GUARDIAN NAME (PLEASE PRINT)** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

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

**The 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 1998. Data on this form will be shared with the Local Authority.**