



# PUPIL'S ADMISSION FORM

Contact Information:	Non-Parental Contact	
Title and Surname: _____	Forename: _____	Priority <input type="checkbox"/>
Daytime Tel. No: _____	Day Place: _____	
Home Phone: _____	Mobile: _____	
E-mail: _____	Daytime Fax: _____	
Address: _____	Postcode: _____	
Relationship to Pupil: _____		

Contact Information:	Non-Parental Contact	
Title and Surname: _____	Forename: _____	Priority <input type="checkbox"/>
Daytime Tel. No: _____	Day Place: _____	
Home Phone: _____	Mobile: _____	
E-mail: _____	Daytime Fax: _____	
Address: _____	Postcode: _____	
Relationship to Pupil: _____		

## Medical Information:

<b>Dietary Requirements:</b>		
Artificial Colouring Allergy <input type="checkbox"/>	No Pork <input type="checkbox"/>	No Dairy Produce <input type="checkbox"/>
Gluten Free <input type="checkbox"/>	Halal <input type="checkbox"/>	Kosher Foods Only <input type="checkbox"/>
No nuts of any type/quantity <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Seafood Allergy <input type="checkbox"/>
<b>Medical Practice:</b> _____		
<b>Medical Practice Address:</b> _____		
_____		<b>Tel no:</b> _____
<b>Doctor:</b> _____		
<b>Does your child have any medical conditions that the school should be aware of?</b>		
_____		
_____		

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## Cultural Information

### Ethnicity:

#### 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

do not wish an ethnic background category to be recorded

This information was provided by

Parent

Student

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

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## Religion:

Buddhist  Jewish  Other religion   
Christian  Muslim  Sikh   
Hindu  No religion

## Additional Information

### Lunch time meal arrangements:

Free meal  Home  Sandwiches  School meal

### How does your child travel to school? :

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

Are you (parent/s and guardian/s) serving in regular HM Forces military units?   
Applies to Personnel 1 and 2 categories.

### Previous school:

Name of School

Date  
From

Date  
To

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Does this child have any brothers and sisters at this school?

If so, please give details:

\_\_\_\_\_

Please use this space to give us any information about your child that you feel we should know about and which has not already been covered by this form: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
(Please print)