



For School Use

Year: _____

Reg Group: _____

Admission no: _____

Date of Admission: _____

Please complete using **BLOCK CAPITALS**

Child's Personal Information

* delete as appropriate

Surname (as on birth certificate / legal document)		Address	
Forename (as on birth certificate / legal document)			
Other names		Town	
Preferred names		Postcode	
Sex		Telephone	
Date of Birth		Mobile	

Contact Information

Mother/Guardian Full name:	
Normal Address: (If different from pupil's)	
Postcode:	
E mail:	
Work Telephone no:	
Contact priority:	e.g. 1 st 2 nd 3 rd (Please circle)

Father/Guardian Full name:	
Normal Address: (If different from pupil's) Do you wish to receive a copy of any reports?	Yes / No
Postcode:	
E mail:	
Work Telephone no:	
Contact priority:	e.g. 1 st 2 nd 3 rd (Please circle)

Brothers/sisters already attending school	Name(s):	Class(es):
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Contacts: (if parent/guardians are unavailable)

Name:	
Address:	
Postcode:	
E mail:	
Work Telephone no:	
Relationship:	
Contact priority:	e.g. 1 st 2 nd 3 rd (Please circle)
Is there a legal order relating to the pupil?	Yes / No * please specify:
Is there any current or previous Social Services involvement?	Yes / No * please specify:

School Record

Name and address of previous School(s):	From:	To:

Medical Information / SEN / Disability:

(Please include **all** relevant information including asthma, allergies, glue ear etc.)

Doctor's Name:	
Surgery Address:	
Postcode:	
Telephone Number:	
Medical number:	
Any specific medical problems or regular medications being taken? Do you allow a plaster for minor injuries?	Yes / No
Has your child attended/is attending Speech and Language Therapy?	Yes / No * Therapist's name:
Has your child attended/is attending Occupational therapy?	Yes / No * Therapist's name:
Does your child have Special Educational Needs?	Yes / No * Details:
Does your child have a disability?	Yes / No * Details:

Other Information:

Method of travel to school:	Bus/ car/ cycle/ walk/ ferry (please circle)
Bus route:	
Usual lunch arrangements:	School dinner/ packed lunch / home / free meals *

Please provide the information below for Department of Education Annual Census.

Religious affiliation (if any):	
First Language:	
Ethnicity (see table):	

Ethnicity codes

AOG	Any other group	BAN	Bangladeshi
BLA	Black-African	BLC	Black-Caribbean
CHI	Chinese	IND	Indian
NK	Not known	PAK	Pakistani
UNC	Unclassified	WHI	White