

GLUSBURN COMMUNITY PRIMARY SCHOOL



ADMISSIONS FORM

PUPIL INFORMATION (Please complete in block capitals)

Surname		Firstname	
Other names		Male	Female <i>(delete as appropriate)</i>
Date of birth	/ /	Language spoken at home:	
Address			
		Postcode	
Telephone No(s)	Home		

Please circle the USUAL mode of transport used to get to school: WALK / CYCLE / CAR / BUS / OTHER

PARENT INFORMATION

Parent(s) /Carer	1 st contact for emergencies:	2 nd contact for emergencies:
Full Names		
Address		(If different from 1 st contact)
Relationship to pupil		
Mobile		
e-mail Address		
	If parents are separated: Does the absent parent have access? YES / NO Please advise school if any conditions are attached and any other information which staff working with your child should be aware of.	
Absent Parent details	If the second parent would like copies of school reports, please let us have their information here:	
	Please indicate if one or more parent is doing military service	YES NO

PLEASE GIVE CONTACTS TO BE USED IN CASE OF ILLNESS OR EMERGENCY.

	3 rd Contact	4 th Contact	5 th Contact
Name			
Telephone			
Mobile			
Place of Work			
Work Telephone			
Relationship to Pupil			

Children at this school from the same household	Surname	Forenames	Class

Please continue overleaf.....

Pupil's previous school	Name & Address
	Telephone Number

OTHER INFORMATION Please complete the following sections IN FULL

Doctor's Name	
Doctor's Telephone	
Doctor's Address	

In your opinion does your child have a disability? (The DDA definition of a disability is "A disabled person (child or adult) is someone who has a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities")	YES	NO
Please provide details. SENCO may wish to contact you for further information.		
Should my child require first aid whilst at school, I give permission for this to be carried out by a member of School staff, who is first aid trained.	YES	NO
Should my child require changing whilst at school, I give permission for this to be carried out by a member of School staff, following our Nappy changing policy.	YES	NO
Details of ongoing medication	Details of allergies/Dietary requirements	
Children previously in care. Please advise school if your child was Adopted from Care or ceased to be looked after through a Special Guardianship Order (SGO) or through a Residence Order (RO)	YES	NO

ETHNIC BACKGROUND RECORD FORM

Nationality _____	Religion _____ Please advise School if there are any dietary requirements associated with your religion.	
Please tick <u>one</u> box only to indicate the ethnic background of your child. 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.		
White	Mixed	Asian or Asian British
British	White and Black Caribbean	Indian
Irish	White and Black African	Bangladeshi
Traveller of Irish heritage	White and Asian	Pakistani
Gypsy/Roma	Any other Mixed Background	Any other Asian background
Black or Black British	Other	
Caribbean	Chinese	
African	Other: please state	
Any other Black background	I do not wish to record an Ethnic Background	
Country of birth		
PLEASE BRING YOUR CHILD'S BIRTH CERTIFICATE TO THE SCHOOL OFFICE		

Your support for your child's education is crucial to their progress. If there is any other information you wish school to be aware of, please attach to this form or speak with a member of staff. Please also tell us if there is any adjustments we need to make to help you support your child, for example: letters in large font; letters in different languages; wheelchair access; explaining things over the phone; a discussion with a school colleague of the same gender.

Signed..... **Date**.....

Please notify us immediately of any changes to the above in order for us to update our records.

FOR OFFICE USE ONLY

Birth Certificate seen _____ Start Date _____