

PLEASE RETURN FORM TO SCHOOL OFFICE

Buckinghamshire County Council

ADMISSION FORM [CONFIDENTIAL]
School:

All schools are required by law to keep on record details of children admitted. We should therefore be grateful if you would complete this form in **BLOCK CAPITALS** and hand it into the school office when your child is admitted. Your child's birth certificate/passport should be presented for copying and placing on file at the time of your child's admission to primary education.

PUPIL DETAILS

Legal Surname: _____	Legal Forename: _____
Gender: Male / Female <i>(delete as applicable)</i>	Date of birth: _____
Middle name(s): _____	
Preferred Surname: _____	Preferred Forename: _____

ADDRESS DETAILS

Home	Other
* House No./Name: _____	House No./Name: _____
* Street: _____	Street: _____
* Town/City: _____	Town/City: _____
* County: _____	County: _____
* Postcode: _____	Postcode: _____
*required fields	Type: <i>Term Time / Overseas / Other</i>

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name address of the person with whom the child normally resides:

Reason: _____	Dates Applicable: _____
Name: _____	
Address: _____	

FOR SCHOOL USE ONLY

Registration Group: _____	House: _____
* NC Year Group: _____	* Year Taught in: _____
* Enrolment Status: _____	Boarder Status: _____
* Admission Date: _____	Admission No: _____
UPN: _____	Attendance mode: _____
Birth Certificate/Passport seen: <input type="checkbox"/> <i>(Infant/Combined Schools only)</i>	<i>*required fields for SIMS</i>

CONTACTS

Parent/Carer 1 (name):		Parent/Carer 2 (name):	
Relationship to child: Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to child: Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (if not home address above):		Address (if not home address above):	
Post Code:		Post Code:	
Tel Nos:	Home:	Tel Nos:	Home:
	Mobile:		Mobile:
e-mail:		e-mail:	
Work: (for emergency use) Address:		Work: (for emergency use) Address:	
Tel No:		Tel No:	
With whom does the child live?			

Please attach a copy of any court orders relating to your child. Please tick if attached

OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested. Please give details below:

Name (and relationship to child):			
Home Address:		Work Address:	
Post Code:		Post Code:	
Tel Nos:	Home:	Tel Nos:	Work:
	Mobile:		Mobile:

Is the child resident with foster parents: Yes No

If 'yes'; which Authority is financially responsible for maintenance? _____

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below (in order of preference) the details of any person we can contact on such an occasion.

No.	Name and relationship to the child <i>(Grandparent, relative, neighbour etc)</i>	Known to the child as? e.g. Gramps, Nana	Daytime address and telephone number <i>(if same as home address please write home)</i>
1			Address: Phone:
2			Address: Phone:
3			Address: Phone:

MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them to achieve their potential educationally. Would you please supply the following medical information about your child. This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially, please contact the School Nurse.

DOCTOR

Doctor's Name:

Surgery Name:

DIETARY NEEDS

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Artificial colour allergy | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Kosher food only | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> No pork | <input type="checkbox"/> Seafood allergy | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Halal | <input type="checkbox"/> Other (please specify) _____ | | |

MEDICAL INFORMATION

- | | | | |
|--|---|--|--|
| Does your child suffer from? | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bowel or bladder problems | <input type="checkbox"/> Serious allergies | <input type="checkbox"/> Any other medical condition _____ | |
| Does your child have any? | <input type="checkbox"/> Vision problems | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Mobility problems | <input type="checkbox"/> Behavioural problems | <input type="checkbox"/> Medications | |

Does your child attend any medical clinics? - Yes / No

If Yes, please give details in the box below

If you have ticked any of the above boxes, please give further details below:-

If your child is on medication, does it need to be given during school hours? – **Yes / No**

If Yes please discuss with the Headteacher.

ETHNIC/CULTURAL INFORMATION

The Department for Children, Schools and Families (DCSF) has asked for the collection of information on ethnicity, first language and religion of all pupils.

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

Other

- Chinese
 Any other ethnic group
 I do not wish an ethnic background category to be recorded

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

Black or Black British

- Caribbean
 African
 Any other Black background

FIRST LANGUAGE – *The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community.*

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese Cantonese | <input type="checkbox"/> Chinese Mandarin | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Panjabi (Gurmukhi) | <input type="checkbox"/> Panjabi (Mirpuri) |
| <input type="checkbox"/> Pashto | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Shona | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Swahili | <input type="checkbox"/> Tagalog/Filipino | <input type="checkbox"/> Tamil | <input type="checkbox"/> Thai | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (Please specify) _____ | | |
| <input type="checkbox"/> I do not wish a first language to be recorded | | | | |

RELIGION				
<input type="checkbox"/> Anglican	<input type="checkbox"/> Baptist	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Church of England
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> Jewish	<input type="checkbox"/> Methodist	<input type="checkbox"/> Mormon
<input type="checkbox"/> Muslim	<input type="checkbox"/> Plymouth Brethren	<input type="checkbox"/> Quaker	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Sikh
<input type="checkbox"/> United Reform Church	<input type="checkbox"/> No Religion	<input type="checkbox"/> Other (Please specify) _____		

ADDITIONAL INFORMATION

MEALS			
<input type="checkbox"/> Entitled to Free Meals	<input type="checkbox"/> Goes Home	<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Paid School Meals
TRAVEL TO SCHOOL - Please tick your child's usual main mode of travel. If the journey to school involves more than one mode of travel tick the mode used for the greatest part, by distance, of the journey.			
<input type="checkbox"/> Walk	<input type="checkbox"/> Cycle	<input type="checkbox"/> Car/Van	<input type="checkbox"/> Car Share (with a child/children from a different household)
<input type="checkbox"/> Public service bus	<input type="checkbox"/> Dedicated school bus/coach	<input type="checkbox"/> Bus (type not known)	<input type="checkbox"/> Taxi
<input type="checkbox"/> Train	<input type="checkbox"/> London Underground	<input type="checkbox"/> Metro/Tram/Light Rail	<input type="checkbox"/> Other
FOR SCHOOL USE ONLY	<input type="checkbox"/> LA provided transport	Route	

Service Children in Education Indicator – are one or both parents Service personnel, serving in regular military units of any of the HM Forces?

Yes No I do not wish to answer this question

SCHOOL HISTORY

PREVIOUS EDUCATION DETAILS				
School Name	Contact Details	Date of arrival (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason For Leaving
	Address: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion
	Address: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion
For pupils being admitted into the Reception Year only, please include the number of terms spent in pre-school education, where known:-				
It would be very helpful to have available the names and dates of birth of any older or younger siblings who are currently attending or have attended this school, or are likely to join this school at a later date:				
NAME			DATE OF BIRTH	

PARENTAL DECLARATION

DATA PROTECTION STATEMENT: The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

I declare the above information to be correct to the best of my knowledge at the time of completion.
I agree to notify the school of any change in my child's circumstances.

Signed: _____ Date: _____