

## Ashchurch Primary Admission Form

### PUPIL PERSONAL INFORMATION

LEGAL SURNAME		PREFERRED SURNAME	
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	
BIRTH CERTIFICATE SEEN?		DATE OF BIRTH:	
HOME ADDRESS including post code			

### PARENT INFORMATION

\* Please indicate at which address(es) the pupil normally resides (i.e. sole or shared residency) using the tick box

#### MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY			
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME: WORK:			
		MOBILE:			
E-MAIL ADDRESS					

#### FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY			
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME: WORK:			
		MOBILE:			
E-MAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		RELATIONSHIP TO CHILD		PARENTAL RESPONSIBILITY	
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME: WORK:			
		MOBILE:			

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies.

**CONTACT INFORMATION – IN PRIORITY ORDER Attach an extra sheet if necessary**

Please provide below **ANY** other names of people who can be contacted by school in emergency, underlining the main contact number.

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
HOME:		WORK:		MOBILE:	
<b>RELATIONSHIP TO CHILD</b>					

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
HOME:		WORK:		MOBILE:	
<b>RELATIONSHIP TO CHILD</b>					

Parent in Armed Forces

Is your child Adopted

Has your child ever been in Care of Local Authority

**MEAL TYPE**

Has your child ever been on Free School Meals?

Any special dietary requirements \_\_\_\_\_

**MEDICAL INFORMATION – Attach an extra sheet if necessary**

<b>NAME OF DOCTOR:</b>		<b>NAME AND ADDRESS OF PRACTICE:</b>	
<b>MEDICAL CONDITIONS:</b> (including allergies)			

**MODE OF TRAVEL (one most often used)**

ETHNICITY \_\_\_\_\_ RELIGION \_\_\_\_\_

**IS ENGLISH THE CHILD'S FIRST LANGUAGE?**

IF NO, PLEASE INDICATE LANGUAGE SPOKEN \_\_\_\_\_

PLEASE INDICATE LANGUAGE SPOKEN AT HOME \_\_\_\_\_

**PREVIOUS SCHOOL / NURSERY INFORMATION – IF APPLICABLE (use extra sheet if necessary)**

<b>Previous School, Nursery etc</b>			
<b>From</b>		<b>To:</b>	
<b>Number of Sessions per week</b>		<b>Number of hours per week</b>	

I give permission for my child's photograph to be used in:

School publications (including our website)

The local press

Please circle as appropriate

**PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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