

Pupil Admission Form

Please fill this form using BLOCK CAPITALS

1. Pupil Details

Legal Forename	_____	Address	_____
Middle Name	_____		_____
Legal Surname	_____		_____
Preferred Forename	_____		_____
Preferred Surname	_____	Town	_____
Date Of Birth	_____	County	_____
Gender	_____	Postcode	_____

Please provide a copy of child's birth certificate for our records

2. Family / Home

Please complete below the names and addresses of all who have 'Parental Responsibility' for your child. *'The Children Act' states that both natural parents, who may be divorced, should have access to information about their child (in most circumstances).*

Please provide details of your child's first parent/carers, if appropriate:

Title _____ Forename _____ Surname _____

Address (if different to student) _____

Email address _____

Please provide details of your child's second parent/carers, if appropriate:

Title _____ Forename _____ Surname _____

Address (if different to student) _____

Email address _____

Please tell us about any relevant parental contact arrangements / court order details etc. in place, including those which affect any person's access to the child (for example Residence Order, Contact Order, Care Order, injunctions etc.) and is there any information for these orders that our setting needs to be aware of and which will help us care for your child.

Please indicate if parent living at different address to the child requires a copy of newsletters / reports etc. Yes No

Emergency Contact Details

If a pupil is unwell or is injured we will need to contact a parent/guardian, or a designated relative or friend. Please state name and relationship to the pupil **in preferred contact order**. Please use W, H or M to indicate work, home or mobile number.

Priority	Name	Relationship to child	<u>Use this number 1st</u>	2 nd number	3 rd number
1					
2					
3					
4					
5					

Main email address for school correspondence:

3. Dietary

Please mention anything relevant about your child's dietary needs, i.e. vegetarian, special requirements, food intolerances, food allergies and provide medical letters if applicable.

4. Medical

Does your child suffer from a particular health complaint or allergy (including plasters)?

Yes (please specify below) No

Please give brief details about child's medical needs egg asthmatic/ needs inhaler, wears spectacles, hearing difficulties, diabetic, allergies or anything else which may be relevant.

Parents/Guardians will be contacted as soon as possible if their child is unwell or needs urgent medical attention. Until the parent/guardian arrives it may be necessary for the first-aider to administer any necessary emergency treatment, telephone for an ambulance etc.

I consent to School staff administering / seeking emergency medical treatment.

Yes No

Signed _____ Date _____

Medical Practice _____ **Doctor's Name** _____
Address: _____

Telephone: _____

Please indicate your child's mother tongue/first language:

English	<input type="checkbox"/>	Bengali	<input type="checkbox"/>	Cantonese	<input type="checkbox"/>
Greek	<input type="checkbox"/>	Gujeratie	<input type="checkbox"/>	Hindi	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	Turkish	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
Other, please state	_____				

Home Language _____

Please Specify _____

6. Additional Information

Mode of travel

Please state how your child will **mainly** travel to / from School (tick one only)

<input type="checkbox"/> Dedicated School Bus	<input type="checkbox"/> Car/ Van
<input type="checkbox"/> Public Service Bus	<input type="checkbox"/> Walk
<input type="checkbox"/> Taxi	Other (specify) _____

Pupil Premium Funding.

Has your child received this at current setting, school or nursery?

Yes No

Please state whether your child is entitled to Early Years Pupil Premium Funding.

Yes No Not applicable

Please state whether parents are in the Armed Forces and meet the criteria of Personnel Category 1 or Personnel Category 2

Yes No Do not wish to comment

Please state whether your child is adopted from care

Yes No.

If yes, have you been granted an adoption order by the courts?

Yes No

Please state whether your child left Local Authority care under a special guardianship order or a child arrangements order (formerly known as a residence order)?

Yes No

If yes, please provide evidence of this

Please state whether your child is entitled to Free School Meals

Yes No

7. School history

Previous school attended - please give details i.e. name, address and contact number if known.

8. Welfare

Please give details below of any special welfare needs or disabilities.

9. Parental Consent

Yes No Copyright permission

Yes No Internet Access

Yes No Photograph Student

Yes No Sex Education

Yes No Data Exchange

Yes No School Visit

Comments / special instructions

10. Other Children in Your Family at Trinity Academy Eppleby Forcett and Middleton Tyas:
 (To assist future planning please also include younger siblings not yet of school age.)

Name _____ Date of Birth _____

School / nursery attended _____

Name _____ Date of Birth _____

School / nursery attended _____

Name _____ Date of Birth _____

School / nursery attended _____

11. Parental Help Register

Is there any way in which you would be interested in helping the school, e.g. support for PTA activities or particular skills or interests that you might have and might wish to use to help the school?

Thank you for your help in completing this form. You should note that our pupil records are kept on the Schools computer database and are subject to the Data Protection Act. All information will be treated as Confidential.

(For official use only)

Date of entry to school	Computer Roll Number	Birth Certificate seen	UPN	SIMS	SEN Profile	Check Assessment Data	CTF Rec/Sent	File Rec/Sent