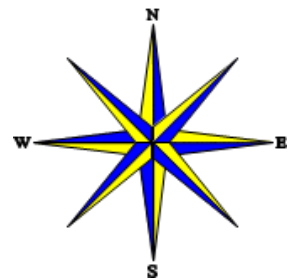
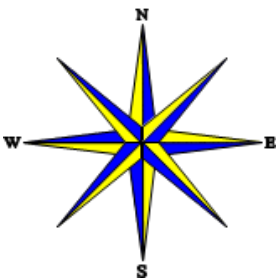


Southern Road Primary School

New Pupil Admission Form



2018

SOUTHERN ROAD PRIMARY SCHOOL
NEW PUPIL ADMISSION FORM

First Name: _____ Surname: _____

Middle Name: _____ Known As: _____

Date of Birth: _____ Male Female

Address: _____

_____ Post code: _____ Country of birth: _____

Child's Nationality: _____ Religion: _____

Home Language: _____ Is English spoken at home: Yes No

Date of child's admission into the UK (if applicable): _____

Name of last school attended (if applicable): _____

Date From: _____ Date To: _____

School Address: _____ Post Code: _____

Telephone: _____ Country: _____

Have you completed Free School Meals online: No Yes

If yes, please write the reference no: _____

School Meals: Free School Meals Paid Meal Packed Lunch Home Lunch

Dietary Requirements: Halal Vegetarian Other _____

If other siblings in school please complete below:

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

Name and dates of birth of siblings in other schools (if applicable):

Full Name: _____ D.O. B _____

School Attending: _____

Full Name: _____ D.O. B _____

School Attending: _____

MEDICAL INFORMATION

Doctor's Name: _____ Tel No: _____

Doctor's Address: _____

_____ Post Code: _____

Does your child have any of the following:

Wears Glasses Box

Hearing Impaired

Diabetes

Epilepsy / has fits

Skin Condition e.g. Eczema

Asthma (if this box is ticked, an inhaler MUST be kept in school at ALL times)

Allergies – please provide further details below

The above medical information is accurate and up-to-date, if there are any changes to my child's health, I will notify the school as soon as possible.

School:

SIGNED

(Parent/Carer)

DATE

ADDITIONAL INFORMATION

Please add any further information that you may wish the school to know (e.g. interest, clubs etc)

MEDICATION INFORMATION

1. Name of Condition: _____

Name of Medicine: _____

Name of Procedure: _____

Date of Procedure: _____ Hospital Name: _____

Any Implications: Yes No If yes, please state: _____

2. Name of Condition: _____

Name of Medicine: _____

Name of Procedure: _____

Date of Procedure: _____ Hospital Name: _____

Any Implications: Yes No If yes, please state: _____

Is there any vital medical information that the school needs to know about your child?

Yes No If yes, please state: _____

The information given above is accurate at time of signing

Parent/Carer Signature: _____

Date of Information: _____

PARENT/CARERS INFORMATION

Title: _____ **Mother's 1st Name:** _____ **Surname:** _____

Address: _____

Post Code: _____ **Home Tel No:** _____

Mobile No: _____ **Work No:** _____

Email Address: _____

Country of Birth: _____ **Home Language:** _____

Title: _____ **Father's 1st Name:** _____ **Surname:** _____

Address: _____

Post Code: _____ **Home Tel No:** _____

Mobile No: _____ **Work No:** _____

Email Address: _____

Country of Birth: _____ **Home Language:** _____

Who has parental responsibility for the child? Both Mother Father Other

If other, please complete below:

Title: _____ **Name of Carer:** _____ **Surname:** _____

Address: _____ **Postcode:** _____

Relationship to the child

Is the child looked after by the local authority? Yes No

Which Authority: _____

EMERGENCY CONTACT

(Parents are contacted in the first instance; however we require the details of 2 contacts if the parents are unavailable)

1. Surname: _____ 1st Name: _____

Tel No: _____ Mobile: _____

Relationship to Child: _____ Language Spoken: _____

Address: _____

2. Surname: _____ 1st Name: _____

Tel No: _____ Mobile: _____

Relationship to Child: _____ Language Spoken: _____

Address: _____

What is your child's ethnic group?

(A person's ethnic group describes how they see themselves. This may be based on many things, including, for example, their skin colour, language, culture, ancestry or family history. **Ethnic group is not the same as nationality**). Please tick the appropriate box below:

White

- *British
- *Irish
- *Traveller or Irish Heritage
- *Gypsy/Roma
- *Other white background
- *Kosovan
- *Turkish/Turkish Cypriot
- *White Eastern European
- *Any other white background

Black or Black British

- *Caribbean
- *African
- *Nigerian
- *Somali
- *Other black background

Chinese

-

Mixed

- *White and black Caribbean
- *White and black African
- *White and Asian
- *Any other mixed background

Asian or Asian British

- *Indian
- *Pakistani
- *Bangladeshi
- *Any other Asian background

Other Ethnic Backgrounds

- *Afghani
- *Filipino
- *Kurdish
- *Iranian
- *Iraqi
- *Other Arab background
- *Vietnamese
- *Latin, South or Central American
- ** Any other ethnic background

I do not wish an ethnic background category to be recorded

DATA PROTECTION ACT 1998

The information provided on this form will be used to monitor student performance whilst studying at Southern Road Primary School, and for administration and educational research purposes. This information will also be disclosed to other professional bodies, in order to effectively manage the provision of education services. If you require further information, please contact the Head Teacher.

PARENTAL CONSENT

During the academic year, it is expected that various trips will be organised during the school day to support the teaching of the National Curriculum. You are asked to complete and return this general consent form. All trips will be subject to the general conditions set out below, unless specifically notified otherwise in writing.

1. I agree to my child taking part in educational visits during the school day, which occur during the course of the school year.
2. I understand that the school and the organisers will take all reasonable and proper precautions for the care and safety of my child and of his/her personal property. I also understand that the Council and the organisers will only be responsible for any injury or loss of personal property if this is caused by the Council's negligence.
3. I agree to inform the school of any relevant medical or other special circumstances affecting my child, including any treatment required during the course of a visit.
4. I understand that if my child should need emergency medical treatment, every effort will be made to contact me before treatment is given. If, however, this is impossible, I give my consent to my child undergoing emergency medical treatment.

SIGNED:
(Parent/Carer)

DATE:

I will not hold the school responsible for any loss or damage of any item (jewellery, money, watches) my child might bring to the school with, or without, my permission including school uniform.

SIGNED:
(Parent/Carer)

DATE:

As the parent or legal guardian of the pupil above, I give permission for my child to use email and the World Wide Web. I understand that pupils will be held accountable for their own action. I accept responsibility, together with the school, for explaining to my child the rules they are expected to follow when using the Internet and email.

SIGNED:
(Parent/Carer)

DATE:

As the parent or legal guardian of the pupil above, I give permission for my child's photograph to be on the Southern Road Primary School Website, advertisements and other publications.

SIGNED:
(Parent/Carer)

DATE:

FOR SCHOOL USE ONLY

Class Allocated: _____ Admission Date: _____

Admission No: _____ Unique Pupil No: _____

Records Requested on: _____ Received on: _____

Free School Meal Reference No: _____

Child's Documentation:

- British Passport
- EC Passport
- Other Passport
- Visa
- Birth Certificate (Original)

If EC or Other Passport please state country: _____

Parents Documentation:

- British Passport
- EC Passport
- Other Passport
- Visa
- Parent Photo ID

If EC or Other Passport please state country: _____

- Proof of Residence:
- Council Tax Letter
 - Child Tax/Working Tax/JSA/Universal Credit/ESA Letter
 - Tenancy Agreement
 - Asylum Seekers ID card

- Utility Bills:
- Gas
 - Electric
 - Water
 - Telephone/Mobile

FOR RECEPTION ADMISSIONS ONLY

- Red Baby Book
- Immunisations up to date

SOUTHERN ROAD CHECKLIST

- Prospectus
- Home/School Agreement
- Uniform
- Meet with class teacher and details of staff working with the child