

Admission Form

Please complete all sections of this form **CLEARLY AND FULLY IN BLOCK CAPITALS**.
If you move address or there are any changes to your details, please inform the school immediately.

1. Child's Details

First Name:	Surname:	
Middle Name(s):	Date of Birth:	Sex (please circle/delete as appropriate): MALE / FEMALE

2. Child's Home Address

Address:	
Postcode:	

3. Sibling's Details

Please indicate if your child has any siblings in this school. If yes please list the name(s), year group(s) and date of birth(s) below.

Sibling's Full Name	Sibling's Date of Birth	Year Group/Class

4. Additional Needs and Support

Please indicate below with a 'X' if your child has been involved with any of the following agencies:

CAMHS Input	<input type="checkbox"/>	Social Services	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	Any other special needs:	
Education Welfare Officer	<input type="checkbox"/>		
Educational Psychologist	<input type="checkbox"/>		

If you need support, feel that there is any additional information that we should be aware of, or would like to speak to a member of staff confidentially, please do not hesitate to contact the school.

5. Communication

Please indicate below with a 'X' the main language your child speaks at home:

Arabic	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	Gujarati	<input type="checkbox"/>	Tamil	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
English	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Other	<input type="checkbox"/>
French	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>	Please specify:	
German	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>		

What is your child's first language?	
Is English an additional language? (i.e. not usually spoken at home)	YES / NO
Can your child speak English?	YES / NO
Can your child understand instructions in English?	YES / NO
Are there any languages other than English spoken at home by any family member residing at the same address as the child? If yes, please state which languages are spoken and by whom:	

6. Religious and Ethnic Background

Please indicate below with a 'X' your child's religious background:

Buddhist	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>
Christian Bredren	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian (other/unspecified)	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Church of England	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>
Greek Orthodox	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
Humanism	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Jain	<input type="checkbox"/>	Rather not say	<input type="checkbox"/>

Please indicate below with a 'X' your child's ethnic origin:

White		Mixed or Multiple Ethnicities	
English, Welsh, Scottish, Northern Irish or British	<input type="checkbox"/>	White and black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and black African	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Any other mixed or multiple ethnic background	<input type="checkbox"/>
Asian or Asian British		Black, African, Caribbean or Black British	
Indian	<input type="checkbox"/>	African	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other Black, African or Caribbean background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other Ethnic Group	
Any other Asian background	<input type="checkbox"/>	Arab	<input type="checkbox"/>
		Any other ethnic group	<input type="checkbox"/>

Is your child an asylum seeker?	YES / NO	Is your child a refugee?	YES / NO
Are you receiving any benefits for this child?	YES / NO		
Does your child have a British passport?	YES / NO	If yes, how long has your child had it?	
If no, are you hoping to get one soon?	YES / NO		
Child's nationality:		Child's passport number:	
Background/ethnicity information provided by:		PARENT / GUARDIAN	

7. Your Child's School History

Please list any previous school (including nursery or playgroup) your child has attended:

Name of School:		Telephone Number:	Is this a private school? YES / NO
Address:			Postcode:
Start Date:	Date Left:	If your child has recently arrived in the UK, what date did they arrive in this country?:	

8. I the Parent/Guardian of (child's full name) _____,

HEREBY CONSENT to:

Administering medications when required at school, as stated in the Medical section of this pack.

Copyright permission will be requested from the School if I would like to obtain or use any images or data created by the School.

Communications (emails and mobile numbers) will be used via Arbor for communication purposes. All parents with parental responsibility will have access to Arbor - a system used for school communication purposes to send e-mails and/or text message (for example letters, newsletters, events, workshops, school trips etc.) unless we have been informed there are court orders in place.

Data exchange with the Borough to update records regularly.

Emergency consent - in the event of an emergency my child can be taken to hospital for treatment without delay.

Internet access in school (including the use of internet at School by my child and recording of my child's progress on the School database).

Payments (through Arbor) are made regularly to ensure my child's account remains in credit. This may be related to meals, trips, clubs and other items.

School visits and excursions by my child.

Sex education and relationships, according to faith teachings taught at School, for my child.

Signed Parent/Guardian: _____ **Date:** _____

Relationship to pupil: _____