

CROXTON KERRIAL CE PRIMARY SCHOOL

PUPIL'S ADMISSION FORM



SCHOOL USE ONLY	
UPN	
YEAR GROUP	
REG.GROUP	
ADMISSION DATE	
DATE PROCESSED	



This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 1998 (GDPR 2018). Data on this form will be shared with the LA/DLAT where necessary.

Please provide as much information as possible about your child.

SURNAME: _____ LEGAL FORENAME: _____

MIDDLE NAME(S): _____ DATE OF BIRTH: _____ GENDER: _____

PREFERRED SURNAME: _____ PREFERRED FORENAME: _____

POSTCODE: _____ HOME TEL. NO.: _____

HOME ADDRESS: _____

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

PRIORITY 1 CONTACT – PARENT/GUARDIAN

TITLE AND SURNAME _____ FORENAME _____

DAYTIME TEL. NO. _____ DAY LOCATION _____

HOME ADDRESS _____

_____ POSTCODE _____ HOME PHONE NO. _____

MOBILE NO. _____

EMAIL _____

RELATIONSHIP TO PUPIL _____ PARENTAL RESPONSIBILITY YES/NO _____

PRIORITY 2 CONTACT – PARENT/GUARDIAN

TITLE AND SURNAME _____ FORENAME _____

DAYTIME TEL. NO. _____ DAY LOCATION _____

HOME ADDRESS _____

_____ POSTCODE _____ HOME PHONE NO. _____

MOBILE NO. _____

EMAIL _____

RELATIONSHIP TO PUPIL _____ PARENTAL RESPONSIBILITY YES/NO _____

PRIORITY 3 CONTACT – NON-PARENTAL CONTACT

TITLE AND SURNAME _____ FORENAME _____

DAYTIME TEL. NO. _____ DAY LOCATION _____

HOME ADDRESS _____

_____ POSTCODE _____ HOME PHONE NO. _____

MOBILE NO. _____

EMAIL _____

RELATIONSHIP TO PUPIL _____ PARENTAL RESPONSIBILITY YES/NO _____

PRIORITY 4 CONTACT – NON-PARENTAL CONTACT

TITLE AND SURNAME _____ FORENAME _____

DAYTIME TEL. NO. _____ DAY LOCATION _____

HOME ADDRESS _____

_____ POSTCODE _____ HOME PHONE NO. _____

MOBILE NO. _____

EMAIL _____

RELATIONSHIP TO PUPIL _____ PARENTAL RESPONSIBILITY YES/NO _____

1) How does your child travel to school?

Bicycle		Car	
School coach		Walks	
Taxi		Other	

2) Lunch Time Meal Arrangements:

School meal	
Packed lunch	
My child is entitled to a free school meal (Pupil Premium)	

3) Dietary requirements:

Artificial colouring allergy		No Pork	
No dairy produce		Vegetarian	
Gluten free		Ramadan	
Kosher foods only		Seafood allergy	
No nuts of any type/quantity		Other	

MEDICAL INFORMATION

DOCTOR'S NAME: _____

DOCTOR'S ADDRESS: _____

TEL. NO.: _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITONS THAT THE SCHOOL SHOULD BE AWARE OF (INCLUDING ALLERGY TO PLASTERS)?

CULTURAL INFORMATION

ETHNICITY:

Black African		White and Black Caribbean	
Black Caribbean		Gypsy/Roma	
Bangladeshi		Pakistani	
Chinese		Any other Asian background	
Indian		Any other Black background	
White-British		Any other ethnic group	
White and Asian		Any other white background	
White and Black African		Any other mixed background	

NATIONAL INDENTITY:

British		Scottish	
English		Irish	
Welsh		Other	

HOME LANGUAGE:

Bengali		Panjabi	
Cantonese		Portugese	
English		Spanish	
Gujurati		Turkish	
Hindi		Unclassified	
Other		Urdu	

English as a second language (EAL)? YES/NO

RELIGION:

Anglican		Muslim	
Baptist		No religion	
Christian		Other	
Hindu		Roman Catholic	
Jewish		Sikh	
Methodist			

HISTORY**PREVIOUS SCHOOL/S:**

NAME OF SCHOOL	DATE FROM	DATE TO	REASON FOR LEAVING

School Information:

Does this child have any brothers or sisters at this school?

If so, please give details:

Please use this space to give us any information about your child that you feel we should know about and which hasn't already been covered by this form:

YOUR NAME (Please print):

YOUR SIGNATURE: