Internal Admission Form PLEASE COMPLETE ALL BOXES

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| Child’s Details | | |
| Child’s Legal SURNAME: | | Gender- (please tick as appropriate)  Male [ ]  Female [ ] |
| Child’s FIRST names: | | Date of birth  \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
| Home Address: | | Telephone numbers  Home:  Mobile:  Email Address: |
| Whom does your child LIVE with?  (please tick as appropriate)  Mother and Father [ ]  Mother Only [ ]  Father Only [ ]  Carer/Guardian [ ]  Foster Parent (LAC) [ ] | | Who has PARENTAL RESPONSIBILITY?  (please tick as appropriate)  Mother [ ]  Father [ ] |
| Dietary Requirements - (please tick as appropriate)  Is your child a VEGETARIAN? Yes [ ] No [ ]  Can your child eat FISH? Yes [ ] No [ ]  Any foods your child CANNOT eat: Chicken [ ] Eggs [ ] Cheese [ ] Lamb [ ] Pork [ ]  Beef [ ] | | |
| Medical Details (This information will be treated confidentially) | | |
| Doctor’s Name and Address: | | Doctor’s Telephone Number  Surgery: |
| (please tick as appropriate)  My child is to wear glasses during the school day: Yes [ ] No [ ]  My child is Asthmatic: Yes [ ] No [ ] If YES does your child require an inhaler? Yes [ ] No [ ]    My child has Allergies: Yes [ ] No [ ] If YES please state WHAT they are allergic to below.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any other medical conditions that the school need to be aware of. | | |
| Family Details | | |
| MOTHER’S name:  Mrs/Ms/Miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employers Name and Address: (if applicable)  Work telephone number: | | FATHER’S name:  MR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employers Name and Address: (if applicable)  Work telephone number: |
| Names of any BROTHERS or SISTERS that are currently attending Queensmead Primary:  1.  2.  3.  4. | | Your child’s position in the family:  (Please tick as appropriate)  1st born [ ]  2nd born [ ]    3rd born [ ]    4th born [ ] |
| Education | | |
| Name and address of previous school your child has attended: | | Previous school’s telephone number: |
| Does your child have any SPECIAL EDUCATIONAL NEEDS?  Yes [ ] No [ ] If yes please provide any details below. | | |
| Child’s LUNCHTIME Arrangement : (please tick as appropriate)  My child is entitled to A FREE school meal [ ]    I will PAY for my child to have a HOT school meal [ ]    I will provide my child with a PACKED LUNCH [ ] | | |
| Are there any agencies working with your child/family that we will need to know about?  Social Care/Family Support Worker Yes [ ] No [ ]    Speech and Language Therapist Yes [ ] No [ ]    Educational Therapist Yes [ ] No [ ]  Other (If YES please state which) Yes [ ] No [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Emergency Contacts (These contacts are in addition to the parent contacts) | | |
| Contact One:  Name:  Telephone numbers  Home:  Mobile:  Relationship to your child: | Contact Two:  Name:  Telephone numbers  Home:  Mobile:  Relationship to your child: | |

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| Additional Information  We are required by the DFE to supply the following information. Please note that the information given will be treated as strictly confidential. (please tick as appropriate) | | | |
| Ethnic Origin | | | |
| White British |  | Indian |  |
| Irish |  | Pakistani |  |
| Traveller of Irish Heritage |  | Bangladeshi |  |
| Gypsy / Roma |  | Any Other Asian Background |  |
| Any Other White Background |  | Caribbean |  |
| White & Black Caribbean |  | African |  |
| White & Black African |  | Any Other Black Background |  |
| White & Asian |  | Chinese |  |
| Any Other Mixed Background |  | Any Other Ethnic Background |  |
| I do not wish any ethnic background to be recorded for my child during this data collection process | | |  |

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| Home Language | | | |
| Bengali |  | Punjabi |  |
| Cantonese |  | Portuguese |  |
| English |  | Spanish |  |
| Greek |  | Turkish |  |
| Gujerati |  | Urdu |  |
| Hindi |  | Other (Please state) |  |
| Polish |  |  |  |

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| Religion | | | | |
| Christian |  | Muslim | |  |
| Sikh |  | No Religion | |  |
| Hindu |  | Other (Please state) | |  |
|  | | |  | |
| For Office Use Only | | | | |
| Birth Certificate Seen: YES [ ] NO [ ] | | | File Set Up: YES [ ] NO [ ] | |
| Date of Admission: | | | Records Requested: | |
| Class: | | | Records Received: | |
| Register: | | | Admission Book: | |
| Admission Number: | | | UPN Number: | |
| Has the Birth Certificate been checked to ensure we know the PR? [ ] | | | | |