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? [ ] |