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SCHOOL USE ONLY	
Admission No.	
Year Group	
Reg. Group	
Admission Date	

PUPIL'S ADMISSION FORM

Child Surname: ----- Forenames:-----

Gender (M/F):----- Date of Birth: ----- Preferred Name: -----

Address:-----

----- Postcode:-----

Home Telephone / Land line -----

There is one section for a non-parental contact. Please indicate by entering a number in the "priority" box of each contact, to indicate the order in which they should be contacted in an emergency.

Contact Information:

Parent / Guardian

Title & Surname ----- Forename -----

Home Address -----

----- Postcode -----

Mobile Phone Number -----

Work Phone Number ----- Email address -----

Day Place - if work - name of employer -----

Relationship to Pupil -----

Parental Responsibility: Yes / No Are you serving in regular HM Forces military units? Yes / No

Priority

Contact Information:

Parent / Guardian

Title & Surname ----- Forename -----

Home Address -----

----- Postcode -----

Mobile Phone Number -----

Work Phone Number ----- Email address -----

Day Place - if work - name of employer -----

Relationship to Pupil -----

Parental Responsibility: Yes / No Are you serving in regular HM Forces military units? Yes / No

Priority

Contact Information:

Third Contact

Title & Surname ----- Forename -----

Home Address -----


----- Postcode -----

Home Phone Number ----- Mobile -----

Relationship to Pupil -----

Work Telephone -----

Priority

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Please complete details below **for anyone with Parental Responsibility** of your child - **who does not reside at the child's home address**. This information is used to keep all parents informed of child's progress and school events.

Contact Information for - Person with parental responsibility not residing at child's home address

Title and Surname ----- Forename -----

Home Address -----

----- Postcode -----

Home Phone Number ----- Mobile -----

Work Phone Number -----

Day Place - if work, please state name of employer -----

Relationship to Pupil -----

If there was an emergency and we were unable to contact any of the contacts listed on the first page, would you like this person to be contacted ? YES / NO

We consider it very important that parents and children are made to feel welcome at School. We would like to ensure that you and your child are happy whilst at Outwoods Edge. If you consider that either you or your child has a disability then please let us know so that we can work together to meet your needs.

Medical Information

Doctor's Name: ----- Telephone Number -----

Doctor's Address: -----

Medical History: -----

Suffers from Asthma: Yes / No

Taking Regular Medication - if Yes, Please State: -----

Dietary Needs ? for example Vegetarian etc -----

Any Allergies ? for example NUTS, plasters etc -----

If your child has a serious medical condition, it is your responsibility to ensure that you have a meeting with the Headteacher BEFORE your child starts school.

Siblings in school: YES / NO If yes - please name of brother(s) or sister(s):

History

Previous School/Nursery/Playgroup: -----


Previous School Address: -----

----- Telephone No: -----

Date of Starting: ----- Date of Leaving: -----

Reason for Leaving: -----

Length Attended: -----

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Ethnic Information - Please tick **one** box in each section

ETHNICITY						
White		Mixed		Black or Black British		
British		White & Black Caribbean		Caribbean		
Irish		White & Black African		African		
Traveler of Irish heritage		White & Asian		Any other Black background		
Gypsy/Roma		Any other mixed background		Asian or Asian British		
Any other white background				Indian		
Chinese				Pakistani		
				Bangladeshi		
Any other ethnic background				Any other Asian background		
I do not wish an ethnic background category to be recorded						

LANGUAGE

What is the main language spoken at home?

A child's first language is any language they were exposed to in the home or community in their early childhood

What is/are your child's first language(s)?

Is English your child's second language: YES / NO

RELIGION			
Buddhist		Muslim	
Christian		Sikh	
Hindu		Other religion	
Jewish		No Religion	

Pupil's county of birth

Pupil's nationality