

Executive Headteacher Mr S Springett-McHugh, BA (Hons)

Associate Headteacher Mr S Weston, BSc (Hons)

Office Use Only

Admission Date:

Class:

Birth Cert?

AD	MI	SS	10	N	FO	RM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Last Name Legal Last Name (if different) Forename Date of Birth Male / Female Address Home Telephone Number Parent/Carer 1 - Name: Relationship to Child: Address Home Telephone Number: Address Home Telephone Number: Mobile Number: Mobile Number: Mork Number: Email Address: Please print clearly Parental Responsibility Parental Responsibility Parental Responsibility Parental Responsibility Final Address: Please print clearly Parental Responsibility Parental Responsibility Final Address: Relationship to Child Final Address: Please print clearly Parental Responsibility Final Address: Please print clearly Parental Responsibility Final Address: Relationship to Child Final Address Relationship to Child Contact Numbers Name & Address Relationship to Child Contact Numbers Home: Mobile: Work: Home: Mobile: Work: The Date of Birth Male / Female Address Parental Name: Relationship to Child Contact Numbers Home: Mobile: Work: Home: Mobile: Work: Home: Mobile: Work: Mobile: Work:	Child's Details					
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Family Circumstances					
If pare	ents do not live together, who does t	the child live	e with?		
Is the	re a custody or residency order in pla	ace?	Custody Order	☐ Residency Order	
Other	Children in the Family				
Other	Charles as the ranky				
		te of Birth		rent School	
1.					
2.		· · · · · · · · · · · · · · · · · · ·			
3.					
3.		***************************************			
4.	All provides a surface of the surfac	wave-		The state of the s	
	Medical De	tails – V	ital Informati	on	
Name	of Doctor:		Health Centre & Te		
Are th	ere any important medical details wl No	hich we sho	uld be made aware	of, including any allergies?	
10371					
If yes,	please give details:				
	Lund	-h Δrran	gements		
All infa	ant children at full time school (in Ye			d Year 2) are entitled to a free	
school	l meal (Universal Infant Free School				
home. (Nurse	ery children are not entitled to receiv	e Universal	Free School Meals)		
(ivaise	iny children are not chillied to recet	e ontversat	Tree School Meats)	•	
	Previous School/No	ursery/C	hildcare Arra	ngements	
Name	& address of previous School/Nurse	ry or details	s of childcare arran	gements:	
Does y	our child have special educational n	eeds?	Yes / No		
Ifvos	places give detaile:				
n yes,	please give details:				

Lang	Juage &	k Religion		
Place of birth:		First		
		language:		
Country of birth:				
		Language		
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This information is required by the Lo	cal Educ		n conflaential	
Any other Asian background Any other Black background		Other White British Pakistani		
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Black Ghanian		White Irish		
Black Nigerian		White Scottish		
Black Sierra Leonian		White Welsh		
Black Somali		White & any Asian background		
Chinese		White & Black African		
Gypsy		White & Black Carribean		
Gypsy/Roma		White & Indian		
Indian		White & Pakistani	····	
Italian		White, Eastern European		
Japanese		White, Other		
Other Black African				
Other Ethnic group				
Other Gypsy/Roma				
Eligibility Check to Claim Pupil Premium To enable us to claim all funding that we a to provide the following details for us to school meals and/or pupil premium fundi service.	are entitle be able	d to from the Government, pleas to check eligibility for your chi	ld to receive free	
Name of Parent/Carer				
Relationship to Child				
Parent/Carer Date of Birth	1			
National Insurance Number	· · · · · · · · · · · · · · · · · · ·			
Signed		Relationship to child		
Print name		Date		