

Please complete all sections of the Admissions Form in advance of your placement meeting

STUDENT PERSONAL DETAILS

LEGAL SURNAME:	LEGAL FORENAME:
MIDDLE NAME:	DATE OF BIRTH:
ADDRESS (including postcode):	(school to complete at placement meeting)
	Proof of address evidenced by: (Utility bill / council tax bill)
	Proof of birth date evidenced by: (Birth certificate / passport / ID card)
LOCAL AUTHORITY OF RESIDENCE:	YEAR GROUP STUDENT JOINING: 7 8 9 10 11 (please circle)

PARENT / CARER DETAILS (1)

MR/MRS/MISS/OTHER	RELATIONSHIP TO THE CHILD FATHER / MOTHER / CARER (please circle)
SURNAME:	FORENAME:
DO YOU HAVE PARENTAL RESPONSIBILITY? YES / NO (please circle)	
ADDRESS: (if different from above)	TELEPHONE NUMBERS: HOME: MOBILE: WORK: EMAIL: IN THE EVENT OF AN EMERGENCY, THIS PERSON SHOULD BE CONTACTED: (please circle) 1 ST 2 ND 3 RD 4 TH

PARENT / CARER DETAILS (2)

MR/MRS/MISS/OTHER	RELATIONSHIP TO THE CHILD FATHER / MOTHER / CARER (please circle)
SURNAME:	FORENAME:
DO YOU HAVE PARENTAL RESPONSIBILITY? YES / NO (please circle)	
ADDRESS: (if different from above)	TELEPHONE NUMBERS: HOME: MOBILE: WORK: EMAIL: IN THE EVENT OF AN EMERGENCY, THIS PERSON SHOULD BE CONTACTED: (please circle) 1st 2ND 3RD 4TH

ADDITIONAL EMERGENCY CONTACT NUMBERS

NAME:	RELATIONSHIP TO THE CHILD:
TELEPHONE NUMBERS: LANDLINE: MOBILE: WORK:	IN THE EVENT OF AN EMERGENCY, THIS PERSON SHOULD BE CONTACTED: (please circle) 1st 2ND 3RD 4TH

NAME:	RELATIONSHIP TO THE CHILD:
TELEPHONE NUMBERS: LANDLINE: MOBILE: WORK:	IN THE EVENT OF AN EMERGENCY, THIS PERSON SHOULD BE CONTACTED: (please circle) 1st 2ND 3RD 4TH

ADDITIONAL FAMILY INFORMATION

SIBLING	AGE	WHEREABOUTS – HOME/SCHOOL/WORK

MEDICAL INFORMATION

NAME OF GP:	MEDICAL PRACTICE:
ADDRESS:	TELEPHONE NUMBER:
MEDICAL CONDITIONS / EVENTS: (eg asthma, diabetes, operations, hospital admissions)	
DIETARY NEEDS: (allergies, halal, vegetarian)	
PARAMEDICAL SUPPORT: Physiotherapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> OTHER:	

SPECIAL EDUCATIONAL NEEDS (SEN)

DOES THE CHILD HAVE A STATEMENT OF SEN?	YES	NO	(please circle)
IS THE CHILD ON THE SEN CODE OF PRACTICE FOR SCHOOL ACTION / SCHOOL ACTION PLUS?	SCHOOL ACTION	SCHOOL ACTION PLUS	(please circle)
DOES THE CHILD RECEIVE ANY ADDITIONAL LEARNING SUPPORT AT SCHOOL?			
YES	NO	(please circle)	
If answered YES, please give details here:			
DOES THE CHILD RECEIVE SUPPORT FROM A LEARNING MENTOR?			
YES	NO		
If answered YES, please give details here:			

INVOLVEMENT WITH OTHER AGENCIES

DOES THE CHILD HAVE ANY INVOLVEMENT WITH OTHER AGENCIES? Yes / No (please circle)	
If yes, please tick:	
Education Welfare Advisory Service	Contact name:
Family Support Localities Service	Contact name:
Social Work Service	Contact name:
Other agency	Contact name:

SCHOOL INFORMATION

Current school

SCHOOL NAME:	
ADDRESS:	
DATES ATTENDED: From: To:	TELEPHONE NUMBER:

Previous school (if applicable)

SCHOOL NAME:	
ADDRESS:	
DATES ATTENDED: From: To:	TELEPHONE NUMBER:
REASON FOR LEAVING	

ACADEMIC INFORMATION

Key Stage 2 Teacher Assessments		
English	Maths	Science

CULTURAL / ADDITIONAL INFORMATION

FIRST LANGUAGE	
RELIGION	
ASYLUM / REFUGEE STATUS	None / Asylum Seeker / Refugee Status (please circle)
NATIONALITY	
COUNTRY OF BIRTH	
DATE STUDENT ARRIVED IN UK (if applicable)	
VISA NUMBER (if applicable)	
FREE SCHOOL MEAL	Yes / No (please circle)

ETHNICITY

(please tick)

WHITE	British	
	Irish	
	Traveller of Irish Heritage	
	Eastern European	
	Western European	
	Gypsy / Roma	
	Any Other White Background	
BLACK OR BLACK BRITISH	Caribbean	
	African	
	Any Other Black Background	
MIXED / DUAL BACKGROUND	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any Other Mixed Background	
ASIAN OR ASIAN BRITISH	Indian	
	Pakistani	
	Bangladeshi	
	Any Other Asian Background	
CHINESE	Chinese	
ANY OTHER ETHNIC GROUP	Afghan	
	Arab Other	
	Egyptian	
	Iranian	
	Iraqi	
	Kurdish	
	Lebanese	
	Moroccan	
	Any Other Ethnic Group	
REFUSED	I do not want ethnicity recorded	

Parent / Carer Signature: _____

Date: _____