



THE PARK AND PARKWALL PRIMARY FEDERATION



ADMISSION FORM

PUPIL DETAILS

Surname _____ Forename _____

Middle Name _____ Chosen Name _____

Legal Surname _____ (if different to above)

Gender _____ Date of Birth _____

Address _____

_____ Postcode _____

Year Group _____ Class (if known) _____

Brothers/sisters already attending our school:

1) Name: _____ Class _____

2) Name: _____ Class _____

3) Name: _____ Class _____

EDUCATION HISTORY

Has your child previously attended school? Y/N

Name of School _____

Address _____

_____ Postcode _____

Tel.No. _____

E-mail _____

If your child is starting primary school for the first time please complete the Home Visit Form.

CONTACT INFORMATION

Please give details of all persons who have parental responsibility and/or anyone else you consent to us contacting in an emergency. You must list at least two persons **Please list names in the order that you wish for them to be contacted in an emergency.**

Priority Number	Contact Name and Relationship to Child	Parental Responsibility Y/N?	Address and Contact Telephone Number(s)
1			
2			
3			
4			

DIETARY REQUIREMENTS

Does your child have any specific dietary requirements? Y/N

If yes please give further details _____

Does your child have any allergies/intolerances to food items? Y/N

If yes please give further details _____

Preferred Meal Arrangement - please tick appropriate box(es)

Paid School Lunch Packed Lunch Home Lunch Universal School Lunch (Reception, Y1 & Y2)

My child is registered with the Local Authority as being entitled to a Free School Meal

(Please see separate letter for further information regarding this entitlement)

MEDICAL INFORMATION

Does your child have a diagnosed medical condition? Y/N

If yes please give further details _____

Does your child have any other allergies/intolerances (i.e. not food items)? Y/N

If yes please give further details _____

Name of GP _____

Name and Address of Surgery _____

Postcode _____

Telephone Number _____

TRAVEL TO SCHOOL

How will your child usually travel to school? Walk Cycle Car Bus Car share

ADDITIONAL PUPIL INFORMATION

Ethnicity (Please tick appropriate box)

White British		White and Asian		Caribbean	
Any other White background		Any other mixed background		African	
Traveller of Irish heritage		Indian		Any other Black background	
Roma / Roma Gypsy		Pakistani		Chinese / Chinese British	
White / Black Caribbean		Bangladeshi		Any other ethnic group	
White / Black Caribbean		Any other Asian background		Prefer not to say	

Nationality of Child (Please tick appropriate box)

British		Welsh		English	
Irish		Scottish		Prefer not to say	
Other (please state)					

Religion (please tick appropriate box)

Anglican		Baptist		Christian	
Hindu		Jewish		Methodist	
Muslim		Roman Catholic		Sikh	
No Religion		Prefer not to say		Other	

If other please state: _____

Home/First Language (please state) _____

Residential Status (please tick box if applicable)

Asylum seeker		Refugee	
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DECLARATION

I declare that the information given on this form is true to the best of my knowledge.

Signed.....Relationship to child.....

Print Name.....Date.....

For School Use Only:

Date of Admission _____ Admission. No. _____

Class _____ UPN: _____

Birth Certificate Seen



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HOME VISIT INFORMATION FORM

PUPIL DETAILS

Child's Name _____ D.O.B. _____

Preferred Name (if different to above) _____

CURRENT PROVISION

Does your child currently attend nursery/pre-school/playgroup? Y/N

Name of nursery/pre-school/playgroup _____

Address _____

_____ Postcode _____

Tel. Number _____ E-mail _____

Contact Name _____

Days and times your child currently attends nursery/pre-school/playgroup? (please tick)

	Mon	Tues	Wed	Thurs	Fri
Morning only					
Afternoon only					
All Day					

Signed _____ Date _____

Relationship to child _____