

# ADMISSION FORM

Academic Year 2021/2022

Date of Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please clearly complete **ALL SECTIONS** in blue/black ink and return to the School Office

**PUPIL INFORMATION**

|  |  |
| --- | --- |
| SURNAME: |  |
| FORENAME(s): |  |
| MIDDLE NAME: |  | CHOSEN NAME: |  |
| DATE OF BIRTH: |  / / | GENDER: FEMALE MALE  |
| HOME ADDRESS: |  |
|  |  |
| TOWN: |  | COUNTY: |  |
| POST CODE: |  | HOME TELEPHONE: |  |

**EDUCATIONAL INFORMATION**

Please give details of the school/nursery currently attended by the pupil (if applicable)

|  |  |
| --- | --- |
| NAME OF SCHOOL/NURSERY: |  |
| DATE STARTED: |  |
| ADDRESS: |  |
| TELEPHONE: |  |
| HEAD TEACHER/NURSERY MANAGER: |  |
|  |

## FAMILY INFORMATION

Name of Parent(s) / Guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

who have actual custody of the pupil

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate with a tick who lives with the pupil at the home address.

MOTHER FATHER STEP-PARENT GUARDIAN PARENT’S PARTNER

Please indicate if you think you may be eligible for Pupil Premium Yes No

## You will be required to complete an additional form to confirm eligibility and criteria

If there is a sibling in Years 3-6 please tell us which house they are in:

Tudor (red) Stuart (yellow) Windsor (green) Hanover (blue)

## CONTACT INFORMATION

Please give details of all persons who have parental responsibility and anyone else who you wish to be contacted in an emergency. **Place them in the order that you wish for them to be contacted**

|  |  |
| --- | --- |
| Priority 1 | Name: (Mr / Mrs / Ms / Other………..)Relationship to Child:Address: Home Tel: Mobile Tel: Work Tel:Email: |
| Priority 2 | Name: (Mr / Mrs / Ms / Other………..)Relationship to Child:Address: Home Tel: Mobile Tel: Work Tel:Email: |
| Priority 3 | Name: (Mr / Mrs / Ms / Other………..)Relationship to Child:Address: Home Tel: Mobile Tel: Work Tel:Email: |
| Priority 4 | Name: (Mr / Mrs / Ms / Other………..)Relationship to Child:Address: Home Tel: Mobile Tel: Work Tel:Email: |

**CULTURAL INFORMATION**

The school is required by the Department of Education to collect the information requested below.

First Language ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion (Please tick the appropriate box)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Buddist |  |  | Christian |  |  | Hindu |  |  | Jewish |  |
| Muslim  |  |  | Sikh |  |  | No religion |  |  | Refused |  |

Specify if other:

Ethnic Origin (Please tick one box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Any other Asian background | 🗌 | Any other Black background | 🗌 | Any other ethnic group | 🗌 |
| Any other mixed background | 🗌 | Bangladeshi | 🗌 | Black African | 🗌 |
| Black Caribbean | 🗌 | Chinese | 🗌 | Gypsy | 🗌 |
| Gypsy/Roma | 🗌 | Indian | 🗌 | Other Gypsy/Roma | 🗌 |
| Pakistani | 🗌 | Refused | 🗌 | Roma | 🗌 |
| Traveller of Irish heritage | 🗌 | White British | 🗌 | White Irish | 🗌 |
| White and Asian | 🗌 | White and Black African | 🗌 | White and Black Caribbean | 🗌 |
| White European | 🗌 | White Other | 🗌 | White West European | 🗌 |

### MEDICAL INFORMATION

|  |  |
| --- | --- |
| Doctor/Practice Name & Address |  |

### Does your child have any medical conditions that the school should know about? Yes No

### If Yes, please give details

|  |
| --- |
|  |

Does your child take regular medication (including inhalers) for any illnesses? Yes No

If Yes, please give details

|  |
| --- |
|  |

Does your child have any allergies? (Insects, food, medicines etc) Yes No

If Yes, please give details

|  |
| --- |
|  |

Does your child carry an Epipen to treat the allergic reaction? Yes No

### DIETARY INFORMATION

### Does your child have any Dietary conditions that the school should know about? Yes No

If Yes, please give details. You will also be required to complete Surrey County Council & Strictly Education 4S (our Catering Provider) Dietary Form which will be forwarded to you

|  |
| --- |
|  |

### OTHER IMPORTANT INFORMATION

Please give details of anything else that you feel should be brought to the school’s attention (e.g. special needs, special abilities, family circumstances). Please complete on additional sheets if necessary.

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| --- |
|  |

Signature of Parent/Guardian Date