

Buckinghamshire County Council



ADMISSION FORM [CONFIDENTIAL]

School: Overstone Combined School

All schools are required by law to keep on record details of children admitted; we should therefore be grateful if you would complete this form in **BLOCK CAPITALS** and return it into the school office.
Your child's birth certificate and a proof of residency should be presented for copying and placing on file at the time of your child's admission to this school.

PUPIL DETAILS

Legal Surname:

Gender: Male / Female *(delete as applicable)*

Middle name(s):

PROPOSED START DATE.....

Legal Forename:

Date of birth:

Preferred Forename:

ADDRESS DETAILS

Home	Other
* House No./Name: <input type="text"/>	House No./Name: <input type="text"/>
* Street: <input type="text"/>	Street: <input type="text"/>
* Town/City: <input type="text"/>	Town/City: <input type="text"/>
* County: <input type="text"/>	County: <input type="text"/>
* Postcode: <input type="text"/>	Postcode: <input type="text"/>
<i>*required fields</i>	Type: <input type="text"/> Term Time / Overseas / Other

DETAILS OF THOSE WITH PARENTAL RESPONSIBILITY

Mother (name): Address (if not home address above): Post Code: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Tel Nos:</td> <td>Home:</td> </tr> <tr> <td></td> <td>Mobile:</td> </tr> </table> e-mail: Work: <i>(for emergency use)</i> Address: Tel No:	Tel Nos:	Home:		Mobile:	Father (name): Address (if not home address above): Post Code: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Tel Nos:</td> <td>Home:</td> </tr> <tr> <td></td> <td>Mobile:</td> </tr> </table> e-mail: Work: <i>(for emergency use)</i> Address: Tel No:	Tel Nos:	Home:		Mobile:
Tel Nos:	Home:								
	Mobile:								
Tel Nos:	Home:								
	Mobile:								
With whom does the child live?									

If parents live at separate addresses, does the non-resident parent know of this school application? Yes/No

Please attach a copy of any court orders relating to your child. Please tick if attached

OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested. Please give details below:

Name (and relationship to child):			
Home Address:		Work Address:	
Post Code:		Post Code:	
Tel Nos:	Home:	Tel Nos:	Work:
	Mobile:		

Is the child resident with foster parents:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes'; which Authority is financially responsible for maintenance? _____		

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion. Details should be listed in the order of contact preference.

No	Name & relationship to the child	Parental responsibility	Daytime address and telephone number <i>(if same as home address please write home)</i>
1		Yes/No <i>(delete as required)</i>	Address: Phone:
2		Yes/No <i>(delete as required)</i>	Address: Phone:
3		Yes/No <i>(delete as required)</i>	Address: Phone:

SCHOOL HISTORY

PREVIOUS EDUCATION DETAILS

School Name	Contact Details	Date of arrival <i>(dd/mm/yy)</i>	Date of leaving <i>(dd/mm/yy)</i>	Reason For Leaving
	Address: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion
	Address: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion
	Address: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion
<i>For pupils being admitted into the Reception Year only, please include the number of terms spent in pre-school education; where known</i>				

MEDICAL INFORMATION

DOCTOR

Surgery Name:

G.P.'s Name:

Address including postcode:

Surgery telephone number:

DIETARY NEEDS

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Artificial colour allergy | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Kosher food only | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> No pork | <input type="checkbox"/> Ramadan | <input type="checkbox"/> Seafood allergy |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Halal | <input type="checkbox"/> Other (please specify) _____ | |

MEDICAL INFORMATION

Medical Information
(including allergies, asthma, medication requirements)

- | | | | |
|------------------------------------|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> A.D.H.D. |

SPECIAL EDUCATIONAL NEEDS

Has your child been diagnosed with a Specific Learning Difficulty or received help at his or her previous school or nursery for a Special Educational Need of any kind?

Yes

No

If yes, please attach further details and copies of any assessments which have been carried out.

ETHNIC/CULTURAL INFORMATION

The Department for Education and Skills (DfES) has asked for the collection of information on ethnicity, first language and religion of all pupils.

ETHNICITY

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Other

- Chinese
- Any other ethnic group
- I do not wish an ethnic background category to be recorded

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

FIRST LANGUAGE— *The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community*

- | | | | | |
|------------------------------------|----------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese | <input type="checkbox"/> German | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> Italian | <input type="checkbox"/> French | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Portugese | <input type="checkbox"/> Spanish | <input type="checkbox"/> Swahili | <input type="checkbox"/> Turkish | <input type="checkbox"/> Urdu |

Other (Please specify) _____

RELIGION

- | | | | | |
|--|-----------------------------------|--------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Sikh | <input type="checkbox"/> No Religion | Other (Please specify) _____ | |

ADDITIONAL INFORMATION

MEALS			
<input type="checkbox"/> Entitled to Free Meals	<input type="checkbox"/> Goes Home	<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Paid School Meals

TRAVEL TO SCHOOL - Please tick your child's usual main mode of travel. If the journey to school involves more than one mode of travel tick the mode used for the greatest part, by distance, of the journey			
<input type="checkbox"/> Walk	<input type="checkbox"/> Cycle	<input type="checkbox"/> Car/Van	<input type="checkbox"/> Car Share (with a child/children from a different household)
<input type="checkbox"/> Public service bus	<input type="checkbox"/> Dedicated school bus/coach	<input type="checkbox"/> Taxi	<input type="checkbox"/> Other _____

<i>It would be very helpful to have available the names and dates of birth of any older or younger siblings who are currently attending or have attended this school, or are likely to join this school at a later date:</i>	
NAME	DATE OF BIRTH

PARENTAL DECLARATION

<p>DATA PROTECTION STATEMENT: <i>The purpose of this form is to collect data for further processing within the school/Local Authority systems. Your signature on this form implies your consent for the school/Local Authority to process the data. The data will be processed in accordance with the purposes notified by the school/Local Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database.</i></p>

<p>DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY: <i>I declare the above information to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change in my child's circumstances.</i></p> <p>Signed: _____ Date: _____</p>
