



Queniborough C.E. Primary School

Coppice Lane, Queniborough, Leicester, LE7 3DR

'A Little School with a Big Heart'

Telephone: 0116 2606700

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e-mail: office@quenischool.org.uk

Headteacher: Mrs. Joy Hardy

Chair of Governors: Mrs. Rita Laughton

PUPIL'S ADMISSION FORM

This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 1998. Data on this form will be shared with the LA where necessary.

In addition to completing this form you must apply to the Leicestershire County Council School Admissions Team.

This can be done online at:

<http://www.leics.gov.uk/admissions>

SCHOOL USE ONLY

Admission no. _____

Year Group _____

Reg. Group _____

Admission Date _____

Date Processed _____

Please provide as much of the following information as possible

Legal Surname: _____ Legal Forename: _____

Gender (M/F): ____ Date of Birth: _____

Preferred Surname: _____ Preferred Forename: _____

Middle Name(s): _____

Postcode: _____

Home Address: _____

Home telephone number: _____

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

Contact Information: *Parent/Guardian*

Title and Surname: _____ Forename: _____

Daytime Tel. No: _____ Day Place: _____

Home Phone: _____ Mobile: _____

E-mail: _____ Daytime Fax: _____

Address (if different to above): _____

_____ Postcode: _____

Relationship to Pupil: _____ Parental Responsibility: Yes/No

Priority

Contact Information: *Parent/Guardian*

Title and Surname: _____ Forename: _____

Daytime Tel. No: _____ Day Place: _____

Home Phone: _____ Mobile: _____

E-mail: _____ Daytime Fax: _____

Address (if different to above): _____

_____ Postcode: _____

Relationship to Pupil: _____ Parental Responsibility: Yes/No

Priority

Contact Information: Non-Parental Contact	Priority <input type="checkbox"/>
Title and Surname: _____ Forename: _____	
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	
E-mail: _____ Daytime Fax: _____	
Address: _____ _____ Postcode: _____	
Relationship to Pupil: _____	

Contact Information: Non-Parental Contact	Priority <input type="checkbox"/>
Title and Surname: _____ Forename: _____	
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	
E-mail: _____ Daytime Fax: _____	
Address: _____ _____ Postcode: _____	
Relationship to Pupil: _____	

Medical Information:

Dietary Requirements:			
Artificial Colouring Allergy <input type="checkbox"/>	No Pork <input type="checkbox"/>	No Dairy Produce <input type="checkbox"/>	
Gluten Free <input type="checkbox"/>	Halal <input type="checkbox"/>	Kosher Foods Only <input type="checkbox"/>	
No nuts of any type/quantity <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Seafood Allergy <input type="checkbox"/>	
Medical Practice: _____			
Medical Practice Address: _____			
_____ Tel no: _____			
Doctor: _____			
Does your child have any medical conditions or special needs that the school should be aware of?			

Cultural Information

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

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

Any other ethnic background

I do not wish an ethnic background category to be recorded

This information was provided by

Parent

Student

A **First Language** other than English should be recorded where the child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English

First Language: _____

Other Languages Spoken: (in order of importance)

1.

2.

Religion:

Buddhist Jewish Other religion
Christian Muslim Sikh
Hindu No religion

Additional Information

Lunch time meal arrangements:

Free meal Home Sandwiches School meal

How does your child travel to school? :

Cycle Car Share Car/Van Public Bus Service
Dedicated School Bus Train Taxi Walk Other

Are you (parent/s and guardian/s) serving in regular HM Forces military units?
Applies to Personnel 1 and 2 categories.

Previous school:

Name of School	Date From	Date To
.....

Reason for leaving:

Does this child have any brothers and sisters at this school? If so, please give details:

.....

Please use this space to give us any information about your child that you feel we should know about and which has not already been covered by this form:

.....
.....
.....

Parent/Guardian Name: _____ Parent/Guardian Signature: _____
(Please print)