



## Lyneham Primary School Admission Form

Child's surname/family name	
Legal surname if different	
First names	
Preferred first name	
Date of birth	
Sex	Male / Female
Home address	
Postcode	
Home telephone number	
Home email address(es)	
Names and title(s) of parents/ carers <i>e.g</i> <i>Mr J and Mrs S Smith</i>	
Names and dates of birth of younger brothers and sisters	
Is your child eligible for free school meals?	Yes / No
Family doctor name & surgery	
Family doctor telephone number	
Pre School attended (if starting school for the first time)	
Previous school attended & telephone number	
What date would you like your child to start school?	

**Parent / Carer 1**

Title	Mr/ Mrs / Ms (or other - please define)
Full name	
Relationship to child	
Home address if different than above	
Home telephone	
Work telephone	
Mobile telephone	
Email address	
Service or Civilian?	Service / Civilian    Please name your Regiment or Unit
Does this person have parental responsibility?	Yes / No (if no please tell us who does have parental responsibility)

**Parent / Carer 2**

Title	Mr/ Mrs / Ms (or other - please define)
Full name	
Relationship to child	
Home address if different than above	
Home telephone	
Work telephone	
Mobile telephone	
Email address	
Service or Civilian?	Service / Civilian    Please name your Regiment or Unit
Does this person have parental responsibility?	Yes / No (if no please tell us who does have parental responsibility)

Emergency contact details - please place in the order you wish contact to be made

Order	Name	Relationship to child	Contact numbers
1	<i>e.g parent 1</i>		
1	<i>e.g Mrs Sue Smith</i>	<i>Childminder</i>	<i>xxxxxxxxx</i>
1			
2			
3			
4			

Who is permitted to collect your child from school? (use numbers as above if you wish)

Name

Is English your child's **first** language

Yes / No

(The language that they were first exposed to and they are exposed to at home) Please tell us if you child uses another language at home. This may be in addition to English.

1. Arabic		9. Gujerati		17. Punjabi	
2. Bengali		10. Hindi		18. Romanian	
3. Bulgarian		11. Italian		19. Russian	
4. Chinese		12. Japanese		20. Shona	
5. Caribbean creole (English or French)		13. Malayalam		21. Spanish	
6. Fijian		14. Nepali		22. Tagalog (Filipino)	
7. French		15. Polish		23. Thai	
8. German		16. Portuguese		24. Turkish	
Other language (please write the name of the language)				I do not wish a language category to be recorded	

Which religion is your child being brought up in?

1. Christian		4. Muslim	
2. Hindu		5. Sikh	
3. Jewish		6. No religion	
7. Other (please specify)			

Is there anything connected with your child's ethnic origin, language or religion that you think the school needs to know? (for example, special diet, holy days, dress etc.)

.....

Our ethnic background describes how we think of ourselves. This may be based on skin colour, language, culture, family history, or where we have been brought up. Ethnic background is not always the same as nationality or country of birth. Please tick one box only to indicate what you consider to be the ethnic background of your child

<b>White</b>		<b>Mixed</b>	
	British		White and Black Caribbean
	Irish		White and Balck African
	Traveller of Irish Heritage		White and Asian
	Turkish / Turkish Cypriot		Any other mixed background
	Eastern European	<b>Black or Black British</b>	
	Western European		Caribbean
	Gypsy / Roma		African
	White Other		Any other Black background
<b>Asian or Asian British</b>		<b>Any other ethnic background</b>	
	Indian		Filipino
	Pakistani		Japanese
	Bangladeshi		Moroccan
	Nepalese		Thai
	Other Asian		Any other Ethnic Group
<b>Chinese</b>			
	Chinese		

I do not wish an ethnic background to be recorded

Any information provided will be used solely to compile statistics on the school careers and experiences of pupils from different backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed to the Local Authority and the Department for Education to contribute to national statistics.

## Medical Information About Your Child

Does your child suffer from:	Yes / No	Medication / treatment
Asthma		
Eczema		
Diabetes		
Epilepsy		
Severe allergy		
Allergy to plasters		
Allergy to foods		
Any other allergy - please provide details		

Is there any other medical information that we should know about your child?

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Does your child have any specific learning needs?      Yes / No  
If yes please give details

.....

*The following section is voluntary, but it will help us to ensure we do all we can to help children overcome any long term difficulties.*

***Please complete even if your child does not have any difficulties.***

Please indicate if your child has any long standing illnesses, health problems or disabilities that mean they have substantial difficulties with any of the areas of their life shown below?  
(Anything that has or is likely to trouble them over a period of at least 12 months.)

Does your child have difficulty with?	Yes / No	Please describe if you wish
Mobility - moving around indoors or outdoors		
Hand movements - touching or holding		
Personal care - going to the toilet or dressing		
Eating and drinking without help		
Incontinence - wetting or soiling		
Taking medication		
Communication - speaking or understanding others		
Learning - letters, numbers, words		
Hearing		
Vision		
Behaviour - very active, short attention span, behaves unacceptably		
Has fits or seizures		
Diagnosed with Autism or Asperger Syndrome		
Has a life limiting condition or requires palliative care		
Can be depressed, or anxious or has an eating disorder		
Other (please describe areas of great difficulty)		

	Yes/no	Please describe if you wish
Does your child take any medication, use any physical aids or require any special diet or supplements?		
If your child did not take this medication, use this physical aid or special diet or supplements, would he/she have substantial difficulties with any of the areas of life listed above?		
Has your child seen a professional, such as a paediatrician or a psychologist or a speech and language therapist because of this difficulty?		

If you have indicated that your child has difficulties, do these difficulties affect his or her:

	Yes	Sometimes	No	Don't know
Classroom learning				
Interaction with classmates / peers				
Joining in other school activities eg breaks, social and leisure activities				
Attendance at school				
Day to day life outside school				

**Thank you for completing this important information. Please sign and date the form and return it to the school office.**

**Signed parent / carer** .....

**Print name** .....

**Date** .....