



Please complete this form, leaving any parts blank that are not relevant. If there are parts you cannot yet complete please tell the school about these when you hand in the form.

Details of your child				
Forename (as on Birth Certificate)		Other names (also known as)		Surname (Legal not preferred)
If appropriate, underline the forename by which your child is known				
Current Home	Full Address:			Date of Birth
				/ /
	Post code			Gender (please ✓)
<i>It is critical that your post code is accurate. If you are not sure of it please ask at school.</i>				M F

Details of the people who have legal parental responsibility for this child				
The Education Act 1996 defines a parent to include the natural parents of the child as well as a person: (a) who is not a parent but who has parental responsibility, or (b) who has care of the child.				
Relationship to your child	Mr, Ms, Mrs etc	Forename	Surname	Home address, if different from your child's
1				
	☎ Daytime	☎ Evening	☎ Mobile	
				e-mail:
2				
	☎ Daytime	☎ Evening	☎ Mobile	
				e-mail:
3				
	☎ Daytime	☎ Evening	☎ Mobile	
				e-mail:

The usual arrangements for your child if living with different parents on different days of the week

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Additional Emergency Contacts

People other than the above who can be contacted in an emergency.

Relationship to the child	Mr, Ms etc	Forename	Surname	Home address, if different from the child's
☎ Daytime	☎ Evening	☎ Mobile		
☎ Daytime	☎ Evening	☎ Mobile		

Other family details

Please give details of any other children currently living at your child's home(s).

Children's names	Date of birth	Sex: M or F	School attending (if applicable)

Educational history

Last school attended

The new school will obtain earlier school records from the school named below

School name	Address	Telephone

Dates attended above school	From	To

Pre-school educational experience

This only needs to be completed for children aged 7 or younger

Dates	From	Please tick	Playgroup	Nursery	At home	Other
	To					

If your child has had any gaps in his/her education please provide detail below

The start and end dates of the gap(s) and reason(s) are required.

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Doctor, health care & other specific arrangements

Name of doctor & surgery	Contact details of practice/health centre
	The school has contact details of local doctors. If you are not using a local doctor, please supply the contact details separately.

Has your child had a tetanus injection?	Yes	No	If yes, date	
INHALER	Does your child use one?	Yes	No	If yes, frequency taken
	If yes, type of medication?			

Other medical information relevant to your child's development and school life e.g. hearing, sight, physical, eczema, allergies, food intolerances, diabetes, epilepsy.

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Does your child have a statement of special education needs?	Yes	No

This section is continued overleaf/

If your child has other particular needs in relation to his/her education please describe them here:				
Please give details of any special dietary requirements your child has?	Lunch time arrangements (please ✓ one box)		Paid	Free
	School meals		<input type="checkbox"/>	<input type="checkbox"/>
	Packed Lunch		<input type="checkbox"/>	<input type="checkbox"/>
	Home		<input type="checkbox"/>	<input type="checkbox"/>
How will your child normally get to and from school?				
		Is your child entitled to free transport?	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>

Ethnicity & faith

Please tick the box that you believe best describes your child's ethnicity:

White	Asian and Asian British
British	Indian
Irish	Pakistani – Mirpuri
Gypsy / Roma	Pakistani (not Mirpuri)
Traveller of Irish heritage	Bangladeshi
White Other	Any other Asian background
Mixed	Chinese
White and Black Caribbean	Chinese
White and Black African	
White and any other Asian background	An ethnic group not listed here
Any other mixed background	I do not wish to have this recorded
Black or Black British	
Caribbean	
African	
Any other black background	

Religion:		What is the main language spoken at home?	
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The information you have given on this form will be held by the school and Bradford Metropolitan District Council Children's Services. It will be shared within Bradford Metropolitan District Council and its contractors in order to provide and plan services e.g. School Transport. It will be used to administer health, social and welfare care and will be shared with healthcare advisors, practitioners and other relevant agencies such as Children's centres to inform their practice. It will be used as necessary to support the school's own contractual requirements. It will be forwarded to your child's new school if and when s/he changes school. It will also be used for statutory returns and for research purposes.

All information given will be held in the strictest confidence under the requirements of the Data Protection Act 1998. For further details please see the Data Protection Act document included within the admission information given to you by the school.

By signing this form:

- You agree to the above statements
- You confirm that you have parental responsibility for this child
- You confirm the information provided in this form to be correct as of this date.
- You agree that you will inform the school of any changes that may occur to the above information whilst your child attends this school.

Signed (parent):		Date:	
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Thank you. When completed, please return this form to the school.

For School Office Use

Admission No		Records sent for	
Date Admitted		MIS updated	
Proof of birth certificate provided		Class allocated	
Correct UPN recorded			
Proof of residence provided (please name)			