



Cadmore End C of E Primary School

ADMISSION FORM

[CONFIDENTIAL]

Please return this form to Cadmore End School Office

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 hand it into the school office when your child is admitted. Your child's birth certificate/passport should be presented for copying and placing on file at the time of your child's admission to primary education.

PUPIL DETAILS

Legal Forename: As shown on Birth Certificate/Passport

Legal Surname: As shown on Birth Certificate/Passport

Middle name(s):

Preferred Surname:

Preferred Forename:

Date of birth:

Gender: Male / Female (delete as applicable)

ADDRESS DETAILS

Home and Other - Term Time / Overseas / Other address details including Apartment, House name/no, Street, District, Town/City, Postcode.

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name and address of the person with whom the child normally resides:

Reason, Dates Applicable, Forename, Surname, Address

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.

Table with 3 columns: Forename, Surname, Date of Birth

When would you like your child to start at Cadmore End School? Date... Term... Nursery/Reception/Year Group

## CONTACTS

Parent/Carer 1: Mr / Mrs / Miss / Ms / Other _____		Parent/Carer 2: Mr / Mrs / Miss / Ms / Other _____	
Forename: _____	Surname: _____	Forename: _____	Surname: _____
Relationship to child: Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to child: Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (if different to pupil): Apartment: _____ House Name: _____ House Number: _____ Street: _____ District: _____ Town/City: _____ Postcode: _____		Address (if different to pupil): Apartment: _____ House Name: _____ House Number: _____ Street: _____ District: _____ Town/City: _____ Postcode: _____	
Please tick the box against your main telephone number		Please tick the box against your main telephone number	
Tel Nos:	Home: <input type="checkbox"/>	Tel Nos:	Home: <input type="checkbox"/>
	Mobile: <input type="checkbox"/>		Mobile: <input type="checkbox"/>
	Work: <input type="checkbox"/>		Work: <input type="checkbox"/>
e-mail: _____		e-mail: _____	
Please attach a copy of any court orders relating to your child. Please tick if attached <input type="checkbox"/>			

## 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, for example those with a Parental Responsibility Order. 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.

Mr / Mrs / Miss / Ms / Other _____		Forename: _____		Surname: _____	
Relationship to child: _____					
Address:			Street: _____		
Apartment: _____			District: _____		
House Name: _____			Town/City: _____		
House Number: _____			Postcode: _____		
Tel Nos:	Home: _____	Work: _____	Mobile: _____	e-mail: _____	

Is the child resident with foster parents: Yes  No

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 (in order of preference) the details of any person(s), including parents, who we can contact on such an occasion.

No.	Name	Relationship to the child <i>(Parent, Grandparent, relative, neighbour etc)</i>	Known to the child as? e.g. Gramps, Nana	Daytime telephone number
1	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			
2	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			
3	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			
4	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			

## MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them to achieve their potential educationally. Would you please supply the following medical information about your child. This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially, please contact the School Nurse.

### 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 PRACTICE

Surgery Name:

Surgery Telephone Number:

### MEDICAL INFORMATION

- Does your child suffer from?  Asthma  Epilepsy  Diabetes
- Bowel or bladder problems  Allergies  Any other medical condition \_\_\_\_\_

Do you consider your child to have a disability? **Yes / No** *If Yes, please select all that apply from the list below.*

A child is considered to have a disability if their parent indicates substantial and/or long term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Mobility      | <input type="checkbox"/> Hand Function         | <input type="checkbox"/> Personal Care                         | <input type="checkbox"/> Eating and drinking         |
| <input type="checkbox"/> Medication    | <input type="checkbox"/> Incontinence          | <input type="checkbox"/> Communication                         | <input type="checkbox"/> Learning                    |
| <input type="checkbox"/> Hearing       | <input type="checkbox"/> Vision                | <input type="checkbox"/> Behaviour                             | <input type="checkbox"/> Consciousness e.g. seizures |
| <input type="checkbox"/> ASD/Aspergers | <input type="checkbox"/> Palliative care needs | <input type="checkbox"/> Other Disability/Health problem _____ |  |

Does your child attend any medical clinics? - **Yes / No** *If Yes, please give details in the box below*

If you have ticked any of the above boxes, please give further details below:-

If your child is on regular medication, does it need to be given during school hours? – **Yes / No**

If Yes please discuss with the Headteacher.

## ETHNIC/CULTURAL INFORMATION

The Department for Education (DfE) has asked for the collection of the following information for all pupils.

### ETHNICITY

- |  |   |  |
|--|---|--|
| <b>White</b><br><input type="checkbox"/> British<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Traveller of Irish Heritage<br><input type="checkbox"/> Gypsy/Roma<br><input type="checkbox"/> Any other white background | <b>Mixed</b><br><input type="checkbox"/> White & Black Caribbean<br><input type="checkbox"/> White & Black African<br><input type="checkbox"/> White & Asian<br><input type="checkbox"/> Any other mixed background<br><br><b>Black or Black British</b><br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> African<br><input type="checkbox"/> Any other Black background | <b>Other</b><br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Any other ethnic group<br><br><input type="checkbox"/> I do not wish an ethnic background category to be recorded |
| <b>Asian or Asian British</b><br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Any other Asian 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"/> Arabic  | <input type="checkbox"/> Bengali          | <input type="checkbox"/> Chinese Cantonese            | <input type="checkbox"/> Chinese Mandarin   | <input type="checkbox"/> Dutch             |
| <input type="checkbox"/> English                                       | <input type="checkbox"/> French           | <input type="checkbox"/> German                       | <input type="checkbox"/> Greek              | <input type="checkbox"/> Gujarati          |
| <input type="checkbox"/> Hindi   | <input type="checkbox"/> Italian          | <input type="checkbox"/> Japanese                     | <input type="checkbox"/> Panjabi (Gurmukhi) | <input type="checkbox"/> Panjabi (Mirpuri) |
| <input type="checkbox"/> Pashto  | <input type="checkbox"/> Polish           | <input type="checkbox"/> Portuguese                   | <input type="checkbox"/> Shona              | <input type="checkbox"/> Spanish           |
| <input type="checkbox"/> Swahili                                       | <input type="checkbox"/> Tagalog/Filipino | <input type="checkbox"/> Tamil                        | <input type="checkbox"/> Thai               | <input type="checkbox"/> Turkish           |
| <input type="checkbox"/> Urdu  | <input type="checkbox"/> Vietnamese       | <input type="checkbox"/> Other (Please specify) _____ |   |  |
| <input type="checkbox"/> I do not wish a first language to be recorded |   |   |   |  |

**RELIGION**

- Anglican       Baptist       Buddhist       Christian       Church of England  
 Hindu       Jehovah's Witness       Jewish       Methodist       Mormon  
 Muslim       Plymouth Brethren       Quaker       Roman Catholic       Sikh  
 United Reform Church       No Religion       I do not wish a religion to be recorded       Other (Please specify) \_\_\_\_\_

**ADDITIONAL INFORMATION****MEALS**

- Entitled to Free School Meals       Goes Home       Sandwiches       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.

- Walk       Cycle       Car/Van       Car Share (with a child/children from a different household)  
 Public service bus       Taxi       Bus (type not known)       Other

**FOR SCHOOL USE ONLY**

- LA provided transport      Route

**Service Children in Education Indicator** – are one or both parents Service personnel, serving in regular military units of any of the HM Forces, or in the Armed Forces of another nation and stationed in England and exercising parental care and responsibility?

- Yes       No       I do not wish to answer this question

**PREVIOUS SCHOOL HISTORY**

School, Pre-School or Nursery Name	Town/City	Date of arrival (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason for Leaving

For pupils being admitted into the Reception Year only, please include the number of terms spent in pre-school education, where known:- \_\_\_\_\_ terms.

**PARENTAL DECLARATION**

**DATA PROTECTION STATEMENT:** The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health 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.

Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data.

**DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:**

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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Registration Group: \_\_\_\_\_ House: \_\_\_\_\_  
 \* NC Year Group: \_\_\_\_\_ \* Year Taught in: \_\_\_\_\_  
 \* Enrolment Status: \_\_\_\_\_ Boarder Status: \_\_\_\_\_  
 \* Admission Date: \_\_\_\_\_ Admission No: \_\_\_\_\_  
 UPN: \_\_\_\_\_ Attendance mode: \_\_\_\_\_  
 Birth Certificate/Passport seen and copied:  (Infant/Combined Schools only) \*required fields for SIMS