

NINE ACRES COMMUNITY PRIMARY SCHOOL

South View, Newport, Isle of Wight, PO30 1QP
www.nineacrespri.iow.sch.uk 01983 522984
Headteacher: Mrs E. Dyer BA Hons QTS, NPQH

Team Work Respect Aspiration Perseverance Caring Creativity Citizenship Courage Independence

'Striving for Excellence'

Nine Acres Primary School Admission Form 2020-2021

Child's Full Legal Name: Date of Birth:/...../.....

Gender: Male / Female Chosen Name if different from above:

Birth Certificate **(Please bring your child's Birth Certificate in for school to copy & keep on file)**

Address:.....

..... Postcode: Home Number:

Names of Parents/Carers with or without Parental Responsibility (PR) – *(Adults that permanently reside with the child)*
Please put in order of contact in case of emergency and relationship

Please delete as appropriate Full Name Relationship to child
Mr/Mrs/Miss/Ms/Other: (1)..... PR – Yes / No

Mobile: (1): Place of work & Phone Number (1):

Email Address:

Mr/Mrs/Miss/Ms/Other: (2)..... PR – Yes / No

Mobile: (2): Place of work & Phone Number (2):

Email Address:

Expected Admission Date:2020/2021

Pre-school / Previous School (with address if mainland):

Name of brothers or sisters currently at Nine Acres:

*Are there any court orders which relate to the child? (E.g. custody orders/section 8 orders under the Children Act 1989) **Yes / No** If yes, please state what they are.....*

The information received is covered by the Data Protection Act 1984/1998 and will only be used for the purposes of maintaining accurate school records and will not be circulated or made public.

Additional adults with or without Parental Responsibility (PR) *(Mother/Father who does not permanently reside with child)*

Please delete as appropriate Full Name Relationship to child
Mr/Mrs/Miss/Ms/Other: /..... PR – Yes / No

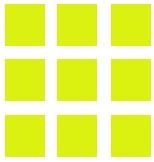
Address:

..... Postcode: Home Number:

Mobile: Place of work & Phone Number:

Email Address:





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OTHER CONTACTS FOR COLLECTION AND EMERGENCIES (not already used on this form)

Please list details of any other persons who you authorise to collect your child or for us to contact in case of an emergency or illness during the school day.

Please delete as appropriate Full Name Relationship to child
Mr/Mrs/Miss/Ms/Other: /
Address:

..... Postcode: Home Number:

Mobile: Place of work & Phone Number:

Please delete as appropriate Full Name Relationship to child
Mr/Mrs/Miss/Ms/Other: /
Address:

..... Postcode: Home Number:

Mobile: Place of work & Phone Number:

Medical, Dietary & Special Needs Information

Medical Information (Any known medical conditions including allergies or special diets):
.....

Medication required (Please give details):

Doctors Name: Doctors Surgery and Address:

Has your child had contact with any agencies? : Speech Therapy, Behaviour, CAHMS, Youth Trust etc:
.....

Other Information

Home Language: Ethnic Origin: Religion:

How do you travel to School (Please tick all that apply) Car Bus Walk Bicycle

Lunchtime Arrangements (Please tick all that apply)

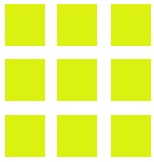
Free School Meal (FSM) Paid School Meal Packed Lunch

SIGNATURE & DECLARATION

I declare that the information on this form is correct to the best of my knowledge.

Signed: Print: Date:





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