

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 the child to be admitted | | | | |
|---|--|-----------------------------|--|---|
| Forename (as on Birth Certificate) | | Other names (also known as) | | Surname (<u>Legal</u> not preferred) |
| | | | | |
| If appropriate, underline the forename by which your child is known | | | | Date of Birth |
| Current Home Address | | | | |
| post code | | | | Sex (please ũ) |
| | | | | M <input type="checkbox"/> F <input type="checkbox"/> |
| If the above is on a military camp, what is the name of the camp? | | | | |

| 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 |
| Parent | | | | |
| | (Daytime | (Evening | (Mobile | |
| | | | | e-mail: |
| Parent | | | | |
| | (Daytime | (Evening | (Mobile | |
| | | | | e-mail: |
| Parent | | | | |
| | (Daytime | (Evening | (Mobile | |
| | | | | e-mail: |
| The usual arrangements for your child if living with different parents on different days of the week | | | | |
| | | | | |
| 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 | | |
| | | | | |
| Parent | | | | |
| | (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 |
|------------------|---------------|-------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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.

| |
|--|
| |
|--|

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, allergies, diabetes, epilepsy.

| |
|--|
| |
|--|

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 may have? | Lunch time arrangements (please use one box) | | Paid | Free |
| | School meals | | | |
| | Packed Lunch | | | |
| | Home | | | |
| How will your child normally get to and from school? | | | | |
| | | Is your child entitled to free transport? | Yes | No |
| | | | | |

| | | | |
|--|--------------------------|--------------------------------------|--------------------------|
| Ethnicity & faith | | | |
| Please tick the box that you believe best describes your child's ethnicity: | | | |
| White British | <input type="checkbox"/> | Mixed White and Asian | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Any other mixed background | <input type="checkbox"/> |
| Traveller of Irish heritage | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| White Albanian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| White Boznian-Herzogovenian | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| White Croation | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| White Greek/Greek Cypriot | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| White Kosovan | <input type="checkbox"/> | Black Ghanaian | <input type="checkbox"/> |
| White Serbian | <input type="checkbox"/> | Black Nigerian | <input type="checkbox"/> |
| White Turkish/Turkish Cypriot | <input type="checkbox"/> | Black Somali | <input type="checkbox"/> |
| White Eastern European | <input type="checkbox"/> | Black Sudanese | <input type="checkbox"/> |
| White Western European | <input type="checkbox"/> | Other Black African | <input type="checkbox"/> |
| Other White | <input type="checkbox"/> | Any other black background | <input type="checkbox"/> |
| Mixed White and Black Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Mixed White and Black African | <input type="checkbox"/> | Any other ethnic group | <input type="checkbox"/> |
| Religion: | | What is your child's first language? | |

The information you have given on this form will be held by the school and Norfolk County Council Children's Services. It will be shared with other departments within Norfolk County Council 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. 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.

I note the above statement and believe the information provided in this form to be correct as of this date. I will inform the school of any changes that may occur whilst my child attends the school.

| | | | |
|------------------|--|-------|--|
| Signed (parent): | | Date: | |
|------------------|--|-------|--|

Thank you. When completed, please return this form to the school.

For School Office Use

| | | | |
|-------------------------------------|--|------------------|--|
| Admission No | | Records sent for | |
| Proof of birth certificate provided | | Phoenix updated | |
| Correct UPN recorded | | Class allocated | |