



APPLETON WISKE COMMUNITY  
PRIMARY SCHOOL

PUPIL ADMISSION FORM



Please fill this form using BLOCK CAPITALS

**1. Pupil Details**

Legal Forename	_____	Address	_____
Middle Name	_____		_____
Legal Surname	_____		_____
Preferred Forename	_____		_____
Preferred Surname	_____		_____
Date Of Birth	_____	Town	_____
Country of Birth	_____	County and	_____
Gender	_____	Postcode	_____

**Please provide a copy of child's birth certificate for our records**

**2. Family / Home**

Please complete below the names and addresses of all who have 'Parental Responsibility' for your child. *'The Children Act' states that both natural parents, who may be divorced, should have access to information about their child (in most circumstances).*

**Please provide details of your child's female parent/guardian, if appropriate:**

Title \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address (if different to student) \_\_\_\_\_

Email address \_\_\_\_\_

**Please provide details of your child's male parent/guardian, if appropriate:**

Title \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address (if different to student) \_\_\_\_\_

Email address \_\_\_\_\_

Please tell us about any relevant parental contact arrangements / court order details etc. in place, including those which affect any person's access to the child (for example Residence Order, Contact Order, Care Order, injunctions etc.) and is there any information for these orders that our setting needs to be aware of and which will help us care for your child.

Please indicate if parent living at different address to the child requires a copy of newsletters / reports etc.  Yes  No

### Emergency Contact Details

If a pupil is unwell or is injured we will need to contact a parent/guardian, or a designated relative or friend. Please state name and relationship to the pupil **in preferred contact order**. Please use W, H or M to indicate work, home or mobile number.

Priority	Name	Relationship to child	<u>Use this number 1st</u>	2 <sup>nd</sup> number	3 <sup>rd</sup> number
1					
2					
3					
4					
5					

Main email address for school correspondence:

### 3. Dietary (Please mention anything relevant about your child's dietary needs, i.e. vegetarian, special requirements, food allergies and provide medical letters if applicable.)

### 4. Medical

Does your child suffer from a particular health complaint or allergy (including plasters)?

Yes (please specify below)  No

*(Please give brief details about child's medical needs e.g. asthmatic/ needs inhaler, wears spectacles, hearing difficulties, diabetic, allergies or anything else which may be relevant)*

*Parents/Guardians will be contacted as soon as possible if their child is unwell or needs urgent medical attention. Until the parent/guardian arrives it may be necessary for the first-aider to administer any necessary emergency treatment, telephone for an ambulance etc.*

**I consent to School staff administering / seeking emergency medical treatment.**

Yes  No

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

**Medical Practice Address:** \_\_\_\_\_ **Doctor's Name** \_\_\_\_\_



Please indicate your child's mother tongue/first language:

English	<input type="checkbox"/>	Bengali	<input type="checkbox"/>	Cantonese	<input type="checkbox"/>
Greek	<input type="checkbox"/>	Gujeratie	<input type="checkbox"/>	Hindi	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	Turkish	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
Other, please state	_____				

**Home Language** \_\_\_\_\_

Please Specify \_\_\_\_\_

## 6. Additional Information

### Mode of travel

Please state how your child will **mainly** travel to / from School (tick one only)

<input type="checkbox"/> Dedicated School Bus	<input type="checkbox"/> Car/ Van
<input type="checkbox"/> Public Service Bus	<input type="checkbox"/> Walk
<input type="checkbox"/> Taxi	Other (specify) _____

### Pupil Premium Funding.

Pupil premium is additional funding for publicly funded schools to support particular groups of children. In order for school to access this funding it is really important that we have the following information.

Has your child received this at current setting, school or nursery?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please state whether your child is entitled to Early Years Pupil Premium Funding.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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Please state whether parents are in the Armed Forces and meet the criteria of Personnel Category 1 or Personnel Category 2 for clarification concerning categories please visit

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/49016/20071008Personal\\_Status\\_Categories\\_LandHIVE\\_IMU.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49016/20071008Personal_Status_Categories_LandHIVE_IMU.pdf)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not wish to comment
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Please state whether your child is adopted from care

<input type="checkbox"/> Yes	<input type="checkbox"/> No.
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If yes, have you been granted an adoption order by the courts?

Yes       No

Please state whether your child left Local Authority care under a special guardianship order or a child arrangements order (formerly known as a residence order)?

Yes       No

If yes, please provide evidence of this

Please state whether your child is entitled to Free School Meals

Yes       No

### 7. School history

Previous school attended - please give details i.e. name, address and contact number if known.

### 8. Welfare

Please give details below of any special welfare needs or disabilities.

### 9. Parental Consent

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Copyright permission
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Internet Access
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Photograph Student
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sex Education
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Data Exchange
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	School Visit

**10. Other Children in Your Family at Richmond Church of England Primary School:**

(To assist future planning please also include younger siblings not yet of school age.)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School / nursery attended \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School / nursery attended \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School / nursery attended \_\_\_\_\_

**11. Parental Help Register**

Is there any way in which you would be interested in helping the school, e.g. support for PTA activities or particular skills or interests that you might have and might wish to use to help the school?


*Thank you for your help in completing this form. You should note that our pupil records are kept on the Schools computer database and are subject to the Data Protection Act. All information will be treated as **Confidential**. (For official use only)*

Date of entry to school	Computer Roll Number	Birth Certificate seen	UPN	SIMS	SEN Profile	Check Assessment Data	CTF Rec/ Sent	File Rec/ Sent