



# 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	_____
Gender	_____	Postcode	_____

**\*Please bring your child's birth certificate to the school office – we need to record that we have seen this 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?

Main email address for school correspondence: \_\_\_\_\_

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

Under the COVID regulations are either parent a Critical Worker? .....  
 (If so, please complete the Request for Provision form before sending your child to school)

**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					

**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 eg asthmatic/ needs inhaler, wears glasses, 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** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**5. Ethnic / Cultural**

Is there any reason why your child should not take part in Statutory School Assemblies or RE lessons?

Yes (if yes please attach a letter)       No

**Religious Affiliation** (Please Tick Appropriate Box)

Buddhist                                       Muslim                                       Do not wish to comment  
 Christian                                       No Religion  
 Hindu     Roman Catholic  
 Jewish     Sikh  
 Other please specify \_\_\_\_\_

**Ethnic Information** (Required by the Department for Education - DfE)

Please tick the box next to A or B.

**A** I am willing to provide information about the ethnic origin, language and religion of my child.  
 **B** I am unwilling to provide information about the ethnic origin, language and religion of my child.

**If you have agreed to provide information please complete the following questions.**

Please indicate your child's ethnic group (tick one box only)

<b>WHITE</b>	British	
	Irish	
	Traveller of Irish Heritage	
	Gypsy/Roma	
<b>MIXED/DUAL BACKGROUND</b>	Any other white background	
	White And Black Caribbean	
	White And Black African	
	White And Asian	
	Any Other Mixed Background	
<b>ASIAN OR ASIAN BRITISH</b>	Indian	
	Pakistani	
	Bangladeshi	
	Any other Asian Background	
<b>BLACK OR BLACK BRITISH</b>	Caribbean	
	African	
	Any Other Black Background	
<b>CHINESE</b>	Chinese	
<b>ANY OTHER ETHNIC GROUP</b>	Any other Ethnic Background	

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?

- Yes       No

Please state whether your child is entitled to Early Years Pupil Premium Funding (Free School Meals).

- Yes       No       Not applicable

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)

- Yes       No       Do not wish to comment

Please state whether your child is adopted from care

- Yes       No

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 ....

### Pupil Premium Funding - Free School Meals

To qualify for free school meals you must fulfil one of the following criteria:

- Universal Credit, provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods (£616.67 per month);
- Income Support;
- Income-based Jobseeker's Allowance;
- Income-related Employment and Support Allowance;

- Support under part six of the Immigration and Asylum Act 1999;
- The guarantee element of Pension Credit;
- Child Tax Credit, provided you are also not entitled to Working Tax Credit and have an annual household gross income that does not exceed £16,190 (as assessed by HMRC); or
- Working Tax Credit run-on, paid for four weeks after you stop qualifying for Working Tax Credit.

Please note that contributions-based benefits, including contribution-related Jobseekers' Allowance do not entitle you to claim free school meals.

Please state whether your child is entitled to Free School Meals

Yes       No

**7. School history**

Previous nursery/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**

- Yes     No      Copyright permission—see our school Privacy Notice and Data Protection Policy
- Yes     No      Internet Access – see our school policies for more details
- Yes     No      Photograph Student – for website & newspapers – no names disclosed
- Yes     No      Sex Education - – see our school policies for more details
- Yes     No      Data Exchange – see our school Privacy Notice and Data Protection Policy

All our policies can be found on our school website at:- [www.appletonwiske.n-yorks.sch.uk](http://www.appletonwiske.n-yorks.sch.uk)

**10. Other Children in Your Family at Appleton Wiske 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 \_\_\_\_\_

## 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?

Do you consent to your contact details being given to the 'Chair of the Friends', if you have offered help? YES / NO (*please circle appropriate answer*)


*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)*