



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	_____
	_____	Postcode	_____
Gender	_____		_____

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 contact details of your child's primary contact:

Title _____ Forename _____ Surname _____

Address (if different to student) _____

Email address _____

Please provide details of your child's secondary contact:

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 nd number	3 rd 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.)

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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)

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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

Date

Signed _____

**Medical Practice
Address:**

Doctor's Name

Telephone:

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

3

6. Additional Information

Mode of travel

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

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

School Meals

All children in Reception, Year 1 and Year 2 are entitled to free school meals under the Universal Infant Free School Meal Scheme. You do not need to complete an application form.

If you receive certain benefits, your child could also qualify for free school meals during all school years. Please visit the North Yorkshire Council website to check and apply if required:

<https://www.northyorks.gov.uk/education-and-learning/free-school-meals>

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

- ☐ Yes ☐ No ☐ Not applicable

To see if you are eligible for this funding please check on the Gov.uk website:

<https://www.gov.uk/get-extra-early-years-funding>

Armed Forces

Please state whether one or both parents are in the Armed Forces

- ☐ Yes ☐ No

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

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

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Copyright permission—see our school Privacy Notice and Data Protection Policy |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Internet Access – see our school policies for more details |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Relationships & Sex Education - see our school policies for more details |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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

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 _____

*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)*