

Pupil Admission Form



When your child starts at school and, as they continue to progress through the education system, we ask for and collect data in order to fulfil certain legal obligations and to support your child with their education, as well as their personal and social development. We take our responsibilities in this respect very seriously and your data is only shared with outside authorities where we are either legally required to do so, or to inform other agencies who are also involved in supporting your child whilst at school. There may also be times where medical information needs to be shared in the event of an emergency.

For more information regarding how we use your data, please see our [Privacy Notice - Parents and Pupils](#), which can be found on the Key Information page of the school website.

DETAILS ABOUT YOUR CHILD:					
Legal Surname:		Forename(s)			
Date of Birth:		Gender (please circle):		Male	Female
Is your child's gender the same as was assigned at birth?		Yes	No	My child is eligible for Free School Meals:	
				Yes	No
My child is a Looked After Child:		Yes	No	My child is a service child:	
				Yes	No
Home Address:					
Home Tel No:					
Name and contact details of last school or playgroup (if applicable)					
Last date of attendance:					

SIBLINGS:					
(Including any half/step brothers or sisters and any not living at home)					
Surname	First Name	Gender	DOB	Living at home?	School

PARENTS/LEGAL GUARDIANS:	
Please state details of the person(s) with whom the child normally lives	
Full name:	Full name:
Title: Mr/Mrs/Ms/Miss/Mx (Please circle)	Title: Mr/Mrs/Ms/Miss/Mx (Please circle)
Address:	Address:
Relationship to child:	Relationship to child:
Mobile Tel No:	Mobile Tel No:
Email address:	Email address:
Work Tel No:	Work Tel No:
(In case of emergency)	(In case of emergency)
Days worked:	Days worked:

EMERGENCY CONTACTS:

Please give **two** emergency contacts (**not parents that are already listed**). We suggest a grandparent, if they live close by. If you have no relatives in the area then please ask a friend, neighbour or childminder if they would be willing to act as an emergency contact in the event that your child becomes ill and we are unable to contact you.

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Name:	Name:
Relationship to child:	Relationship to child:
Tel No:	Tel No:
Mobile:	Mobile:

PARENTAL RESPONSIBILITY INFORMATION:

Is there anyone else with parental responsibility?

In the case of separated or divorced parents, please enter here the name and address of the parent whose details were not given previously. Please indicate if they do/do not have parental responsibility.

(Where parents were married at the time a child was born **both parents have parental responsibility in law, even if not living with the child. Others may acquire parental responsibility through the court**).

Name:		
Address:		
Does he/she/they have parental responsibility?	YES	NO
Tel No:		
Is your child or the child in your care, subject to any court orders? If yes, please give details in strictest confidence to the Headteacher.	YES	NO

DIETARY INFORMATION:

Does your child have any specific allergies?	YES	NO
Details if YES :		
Does your child follow a vegetarian/vegan diet or follow a strict diet due to faith/religious beliefs?	YES	NO
Details if YES :		

EMERGENCY TREATMENT:

At Paxcroft Primary School, we take very seriously our duty of care for your child/ren. We have numerous staff qualified in first aid. When children are poorly, we believe they need to be reunited with their parents or other carers as soon as possible.

If a child is injured or taken ill and we feel a doctor or Accident and Emergency department needs to see the child, we will always contact a parent. If the parent cannot be reached, and we feel expert attention is required, we may need prior parental consent. We would therefore ask that you indicate your consent below.

I agree to my child receiving medical attention in the unlikely event of an emergency:	YES/NO
My child has a severe allergy to the following:	
My child is on medication which the Emergency Services would need to be aware of:	

MEDICAL INFORMATION:

Name of Doctor:	Tel No:
Surgery:	

HEALTH:

Does your child suffer from any medical conditions that the school should be aware of?	YES	NO
Details if YES :		
Does your child take any medication on a regular basis which would need to be in school or taken regularly in school e.g. asthma inhaler, ADHD medication? (You will need to complete another form for this to be administered in school. Please see the Office staff for details.)	YES	NO
Details if YES :		
Does your child have any problems with eyesight, hearing or speech?	YES	NO
Details if YES :		
Are there any other professionals who help your child on a regular basis e.g. speech therapist, health visitor, paediatrician etc?	YES	NO

Details if **YES**:

Does your child have any Special Educational Needs?

YES

NO

Details if **YES** (Including Statement details):

ETHNICITY: (Please circle below)

Bangladeshi, Black – African, Black – Caribbean, Black – Any Other background, Chinese, Filipino, Gypsy/Roma, Indian, Japanese, Mixed White and Asian, Mixed White and Black African, Mixed White and Black Caribbean, Moroccan, Nepali, Other Asian, Other Ethnic Group, Pakistani, Refused, Thai, Traveller of Irish Heritage, Turkish, White British, White Irish, White Other, White Eastern European, White Western European

I do not wish an ethnic background category to be recorded ☐

Child's Country of Birth:

(As recorded on your child's birth certificate/passport)

Child's Nationality:

(As recorded on your child's passport)

Religion:

Home/First language:

Any other languages spoken at home:

PERMISSIONS:

I give permission for my child to take part in local area walks **YES/NO**

Details if **NO**:

I give permission for my child to take part in food tasting activities **YES/NO**

Details if **NO**:

SIGNATURE OF PARENT/GUARDIAN

I/we have read and understood the pupil admission form and provided the necessary information as accurately as possible. I/we will inform the school of any changes.

I enclose a copy of my child's birth certificate (this is a requirement):

☐

Signature of parent/guardian:

Signature of parent/guardian:

Date:

Please return the completed form to the School Office as soon as possible as we need to collate all data prior to your child starting school.