

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 ✓)
				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
Parent	☎ Daytime		☎ Evening	☎ Mobile
				e-mail: <input type="text"/>
Parent	☎ Daytime		☎ Evening	☎ Mobile
				e-mail: <input type="text"/>
Parent	☎ Daytime		☎ Evening	☎ Mobile
				e-mail: <input type="text"/>
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
☎ Daytime		☎ Evening	☎ Mobile	
☎ 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.

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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.

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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 ✓ 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		Chinese	
British		Chinese	
Irish		Black or Black British	
Gypsy / Roma		Caribbean	
Traveller of Irish heritage		Angolan	
Albanian		Congolese	
Boznian-Herzogovenian		Ghanaian	
Croatian		Nigerian	
Greek/Greek Cypriot		Sierra Leonian	
Italian		Somali	
Kosovan		Sudanese	
Portuguese		Other Black African	
Serbian		Any other black background	
Turkish/Turkish Cypriot		Other ethnic groups	
Eastern European		Afghan	
Western European		Arab other	
White Other		Egyptian	
Mixed		Filipino	
White and Black Caribbean		Iranian	
White and Black African		Iraqi	
White and Pakistani		Japanese	
White and Indian		Korean	
White and any other Asian background		Kurdish	
Any other mixed background		Malay	
Asian and Asian British		Moroccan	
Indian		Thai	
Pakistani		Vietnamese	
Bangladeshi		An ethnic group not listed here	
Any other Asian background		I do not wish to have this recorded	

Religion:		What is the main language spoken at home?	
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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:	
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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	