



St Anne's RC Primary School

Admission Form

Pupil Details

Pupil's Surname :	Preferred Surname:	
Forename(s):	Preferred Forename:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)		
Date of Birth	Country of Birth:	Nationality:
We will need to see a copy of the Birth Certificate		

Current Home Address:	
Postcode:	Home telephone:

Please confirm whether you have any other children and if they are of school age please indicate what school they are attending :

Name(s)	Date of Birth	School attending

Religion of Child:	
If your child is Roman Catholic please complete below. We will need to see a copy of your child's baptism certificate.	
Baptism	Date

Family/ Home Information	
Mother's Surname:	
First name(s):	
Parental Responsibility: yes / no	
Daytime/Work phone:	Mobile number:
Home address:	
Postcode:	

Father's Surname:	
First name(s):	
Parental Responsibility: yes / no	
Daytime/Work phone:	Mobile number:
Home address:	
Postcode:	

Emergency Contact Information – Please give the names/contact details of people we can contact in cases of emergency if we cannot get hold of Mother or Father

Surname:	
First name(s):	Title:
Relationship to child	
Daytime/Work phone:	Mobile number:

Surname:	
First name(s):	Title:
Relationship to child	
Daytime/Work phone:	Mobile number:

Medical Information – Please give details of the medical professionals your child is registered with/under the care of

GP Name: Dr.
Medical Practice:
Address:
Telephone:

Name of Dentist your child is registered with:
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Please give the names & role of any other professionals or services that your child is under the care of: eg Hospital consultant, Speech Therapist, Physiotherapist, Occupational Therapist, Educational Psychologist, Key Worker, Social Worker etc,

Does your child have any ongoing Medical Conditions/Disabilities: Please give details (including details if your child wears glasses or has a hearing impairment)

Is this child A looked after child / in public care? Yes No (Please give more details if Yes)

Does the child have a EHA (Early Help Assessment) in place? Yes No (Please give more details if yes)

Is this child subject to a private fostering arrangement? Yes No (Please give more details if yes)

Does this child have a Statement of Special Educational Needs or an Education Healthcare Plan Yes No
Please give more details if yes

Dietary Requirements

Your child can have a school lunch each day or bring a packed lunch from home. School Meals are charged for unless you are entitled to Free School Meals, if you are in receipt of benefits please request an application form to apply for Free school meals. Please tick the type of meal your child will be having each day

School Meal

Packed Lunch

Does your child have any dietary requirements; eg vegetarian, allergies etc, please give details

Education History – If applicable, please list all previous schools attended:

Nursery / School:

Address:

From:

To:

Reason for Leaving

Nursery / School:

Address:

From:

To:

Reason for Leaving

Is the child new to the UK? Yes No If yes please give more details

Ethnic and Cultural Information - Please tick one box only**White**

- White British
- White European
- White Western European
- Irish
- Traveller of Irish heritage
- Gypsy / Roma
- White Other

Black

- Black Nigerian
- Black Somali
- Black Caribbean

Mixed Race

- White and Asian
- White and Black African
- White and Black Caribbean

Asian

- African Asian
- Bangladeshi
- Chinese
- Indian
- Iranian
- Mirpuri Pakistani

Other

- Afghan
- Arab
- Any other black background
- Other Asian
- Other Black African
- Other Pakistani
- Other Ethnic group
- Decline to answer

First Language spoken : (This is the language your child was first subjected to when they were born)

Does your child speak English as additional language yes / no

Which other language/s does your child speak?

Modes of travel ;

- Bus (type not known)
- Car share (with child/children)
- Car/Van
- Cycle
- Metro/Train/Light rail
- Other
- Public Bus service
- Taxi
- Train
- Walk

I declare that all of the information I have provided is true. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I consent to the information given on this form being shared with appropriate agencies.

Signed:

Date: