Dropmore Infant School

1. Admission Form

Schools are required by law to keep on record details of children admitted. We should therefore be grateful if you would complete this form in BLOCK CAPITALS and hand it into the school office when your child is admitted.
Your child's birth certificate/passport should be presented for copying and placing on file at the time of your child's admission to primary education.

Student Details

Legal Forename: _____ **Middle name(s):** _____

Legal Surname: _____ **Date of Birth:** _____

Gender: Male / Female

Child's Main Home Address

House name/ no: _____ **Street:** _____

Town: _____ **County:** _____

Postcode: _____

Alternative Address (non term time)

House name/ no: _____ **Street:** _____

Town: _____ **County:** _____

Postcode: _____

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name and address of the person with whom the child normally resides:

Reason: _____ **Dates applicable:** _____

Forename: _____ **Surname:** _____

Address: _____

It would be very helpful to have available the details of any siblings who are currently attending, have attended this school.

Siblings

Forename: _____ **Surname:** _____ **DOB:** _____

Current school/ preschool: _____

Forename: _____ **Surname:** _____ **DOB:** _____

Current school/ preschool: _____

Parent/ Carer Details

Priority 1 Contact: Title Mr / Mrs / Ms / Miss / Other _____ **Legal Forename:** _____

Legal Surname: _____ **DoB:** _____

Relationship to child: _____ **Parental Responsibility:** Yes / No

Home Tel: _____ **Mobile:** _____

Work Tel: _____ **Email:** _____

Address (if different to pupil): _____

_____

Priority 2 Contact: Title Mr / Mrs / Ms / Miss / Other _____ **Legal Forename:** _____

Legal Surname: _____ **DoB:** _____

Relationship to child: _____ **Parental Responsibility:** Yes / No

Home Tel: _____ **Mobile:** _____

Work Tel: _____ **Email:** _____

Address (if different to pupil): _____

_____

Please attach a copy of any court orders relating to your child. Please tick if attached ☐

OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents, for example those with a Parental Responsibility Order. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested.

Others with parental responsibility

Title Mr / Mrs / Ms / Miss / Other _____ **Legal Forename:** _____

Legal Surname: _____ **DoB:** _____

Relationship to child: _____ **Parental Responsibility:** Yes / No

Home Tel: _____ **Mobile:** _____

Work Tel: _____ **Email:** _____

Address (if different to pupil): _____

_____

Is the child resident with foster parents? Yes / No

If *'yes'*; which Authority is financially responsible for maintenance? _____

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below (in order of preference) all details of any additional person(s) from those above who we can contact on such an occasion.

Priority 3 Contact: Title Mr / Mrs / Ms / Miss / Other _____ **Legal Forename:** _____

Legal Surname: _____ **Relationship to child:** _____

Home Tel: _____ **Mobile:** _____

Priority 4 Contact: Title Mr / Mrs / Ms / Miss / Other _____ **Legal Forename:** _____

Legal Surname: _____ **Relationship to child:** _____

Home Tel: _____ **Mobile:** _____

MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them to achieve their potential educationally. Would you please supply the following medical information about your child. This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially, please contact the School Nurse.

Medical Practice

Surgery Name: _____ **Surgery Telephone Number:** _____

Medical Conditions – Does your child suffer from:

☐ Asthma ☐ Epilepsy ☐ Diabetes ☐ Eczema ☐ Allergies to _____

☐ Any other medical condition _____

Do you consider your child to have a disability? Yes / No *If Yes, please select all that apply from the list below. A child is considered to have a disability if their parent indicates substantial and/or long-term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.*

☐ Mobility ☐ Hand Function ☐ Personal Care ☐ Eating and drinking

☐ Medication ☐ Incontinence ☐ Communication ☐ Learning

☐ Hearing ☐ Vision ☐ Behaviour ☐ Consciousness e.g. seizures

☐ ASD/Asperger's ☐ Palliative care needs ☐ Other Disability/Health problem _____

Does your child attend any medical clinics? - Yes / No If Yes, please give details below

If you have ticked any of the above boxes, please give further details below:

If your child is on regular medication, does it need to be given during school hours? – Yes / No
If Yes please discuss with the Headteacher.

Dietary Needs

☐ Vegetarian ☐ No Beef ☐ No Pork ☐ Nut allergy ☐ Halal

☐ Other (please specify): _____

The Department for Education (DfE) has asked for the collection of the following information for all pupils.

Ethnic Information

White

☐ British ☐ Irish ☐ Traveller of Irish Heritage ☐ Gypsy/Roma ☐ Any other white background

Asian or Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian background

Mixed

☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐ Other mixed background

Black or Black British

☐ Caribbean ☐ African ☐ Other Black background

Other

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

First Language – The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community.

☐ Arabic ☐ Bengali ☐ Chinese Cantonese ☐ Chinese Mandarin ☐ Dutch ☐ English
☐ French ☐ German ☐ Gujarati ☐ Hindi ☐ Italian ☐ Japanese
☐ Panjabi (Gurmukhi) ☐ Panjabi (Mirpuri) ☐ Polish ☐ Portuguese ☐ Spanish
☐ Other (Please specify) _____ ☐ I do not wish a first language to be recorded

Religion

☐ Buddhist ☐ Christian ☐ Muslim ☐ Hindu ☐ Jewish ☐ Sikh
☐ No Religion ☐ I do not wish a religion to be recorded
☐ Other (Please specify) _____

Service Children in Education Indicator – are one or both parents Service personnel, serving in regular military units of any of the HM Forces, or in the Armed Forces of another nation and stationed in England and exercising parental care and responsibility? ☐ Yes ☐ No ☐ I do not wish to answer this question

Previous School History

Pre-School or Nursery: _____ Town/City: _____

Start Date (dd/mm/yy): _____ Leaving Date (dd/mm/yy): _____

Reason for Leaving: _____

Parental Declaration

Data Protection Statement: The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act and the General Data Protection Regulation (EU) 2016/679. The information given will be entered onto a computer and will form part of the School's database.
Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data.

Declaration Of Person With Legal Responsibility:
I declare the above information to be correct to the best of my knowledge at the time of completion.
I agree to notify the school of any change in my child's circumstances.

Signed: _____ Print name: _____
Date: _____