



SCHOOL ADMISSION FORM 2017-2018

Please return your completed admission form to the school office. Please remember to inform the school office immediately if you have a change to any of the details given on this form. It is important that we hold up to date information on file for every child in school and that we can contact you in an emergency - if your child is sick or has an accident.

The information on this form is processed electronically for administrative purposes and is subject to the terms of the Data Protection Act 1998.

Office Use Only

Year Group:

Please Complete in Block Capitals

PUPIL DETAILS

Forenames:	Please underline the name by which the pupil is usually known.			
Legal Surname:				
Surname: (known as if different from legal surname)				
Date of Birth:	Day	Month	Year	Male/Female (please delete as appropriate)
Names of brothers/sisters already at Corbridge C of E First School:				
Pupil's Home Address including Postcode:				POSTCODE
Name of Previous School/Nursery, Address and Telephone Number (if applicable)				
Children who have previously attended any state school in England will have been issued with a Unique Pupil Number that follows them through state education in England. If your child is moving to Corbridge C of E First School from outwith England or from a Private school please indicate if they have ever attended a state school in England in order that their UPN can be reactivated.				
Yes		No		

PARENTS/GUARDIANS LIVING AT PUPIL'S HOME ADDRESS

(please also see additional parental contacts on page 3)

	1. PARENT/GUARDIAN DETAILS	2. PARENT/GUARDIAN DETAILS
Relationship to Pupil (e.g. mother, father, guardian)		
Title: (Mr, Mrs, Ms, Miss, Dr, other – please specify)		
Forenames:		
Surname:		
Home Telephone Number:		
Place of Work including telephone number so that we may contact you in an emergency:	Place of Work: Telephone Number:	Place of Work: Telephone Number:
Mobile Telephone Number:		
Email address:		

Please note that it is absolutely essential that all the above fields are completed as we must be confident we can contact a parent in an emergency.

Letters will be addressed to the parents/guardians named above using the pupil's home address. If this is not appropriate please write giving the alternative here:

ADDITIONAL EMERGENCY CONTACT (for when no parent is available)

Please give name, daytime telephone number and relationship to pupil (e.g. neighbour, aunt, grandparent, friend)

Full Name including title e.g. Mr/Mrs	
Daytime Telephone Number:	
Relationship to Pupil:	

ADDITIONAL PARENTAL CONTACTS

For the purposes of the school records, a pupil's parent is defined as his/her natural parent and any other person who is his/her guardian who has custody of, or who is likely to maintain him/her, e.g. parents who are separated or divorced. Please add below anyone who comes into this category but is not included under parents/guardians living at the pupil's home address:

Relationship to Pupil (mother, father, guardian):	
Title (Mr, Mrs, Ms, Miss, Dr, other – please specify):	
Forenames:	
Surname:	
Address:	
Postcode:	
Home Telephone Number:	
Daytime Telephone Number:	
Email Address:	
Can be contacted in an emergency during the day:	Yes/No If yes, please give whereabouts – e.g. at home or name of workplace:

SPECIAL EDUCATIONAL NEEDS

Please detail below any special educational needs that school should be aware of, i.e. Statement and/or any involvement from specialist support services e.g. Speech & Language Therapy.

DISABILITY

Please indicate if your child has any disability Yes No

If yes, please give details below.

MEDICAL/ALLERGY DETAILS

DOCTOR'S NAME:	
SURGERY NAME:	
ADDRESS:	
TELEPHONE NUMBER:	

Parents may convey relevant medical/allergy information here or under separate cover to the school. If medication is required to be administered in school please contact the office to complete an 'administering medication in school' form.

FIRST LANGUAGE – please indicate your child’s first language. This is the language your child was exposed to during early development and continues to be exposed to this language in the home or in the community. If your child was exposed to more than one language (which may include English) during early development, the language other than English will be recorded, irrespective of the child's proficiency in English.

English		Other – please specify:	
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COUNTRY OF BIRTH – please confirm your child’s country of birth

Country of Birth		Information Refused	
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NATIONALITY – please confirm your child’s nationality (in cases of dual nationality, please list all that apply)

UK	
Other – please specify	
Information Refused	

ETHNICITY Please tick the ONE category that best describes your child’s ethnicity

Bangladeshi		Indian		Any other Asian Background	
Pakistani		Black-African		Black Caribbean	
Any Other Black Background		Chinese		Any other Mixed Background	
White and Asian		White and Black African		White and Black Caribbean	
White – British		Gypsy/Roma		White - Irish	
Traveller of Irish Heritage		Any Other White Background			
Information Refused					

As you may know, the school is given additional funding to support the learning and progress of particular groups of pupils: those who are eligible to receive or who have been eligible to receive free school meals in the past six years, children of armed forces personnel and children who are adopted. If any of these categories apply to your child, please complete the section below.

SERVICE CHILDREN: Please tick the box below if your child has a parent or parents who are Service personnel (British Armed Services), serving in regular military units of all forces and exercising parental care and responsibility. A child is classed as a service child if they live with the parent who is in the armed forces and therefore move around with them to wherever they are posted. If the child lives at a permanent address with one parent (non-service) whilst the service parent moves around then they would not be classed as a service child.

YES	
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FREE SCHOOL MEALS: Please tick the box below if your child is eligible to receive or has been eligible to receive free school meals in the past six years:

YES	
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ADOPTION: Please tick the box below if your child is adopted. Information regarding this particular status is not currently available to us but clearly it would be in the interests of such children if we were aware of who they are. Whilst it would be helpful to us to be able to record such information, there is no requirement for parents/carers to share this information with us. Information will be treated with the strictest confidentiality.

YES	
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I declare the information on this form to be correct to the best of my knowledge.

Signed: (Parent/Guardian) Date: