

# St. Mary's R.C. Primary School

## Admissions – Pupil Information

*All information given on this form will be treated in confidence*



Child's present family name ..... Forenames.....

Child's legal surname if different.....

Address ..... Date of Birth.....

.....

Post Code ..... Sex Male/Female

Tel. No. .... Mobile No.:.....

Mobile No.:.....

Email address (mum): - ..... Email address (dad): - .....

Parish of Residence: - ..... Church where child baptised:-.....

Date of Baptism (Certificate required):-..... Catholic parent: Mother/Father/Both

For KS2 arrivals in school - Sacramental programme completed: Y/N Date:..... Parish:.....

Name of Parent(s) or Guardian(s) with whom child resides.....

Second Name, Address and Telephone Number (i.e.: parent who does not share the family home)

Name: - .....

Address:-.....

Telephone Number:-.....

Emergency Contacts:-.....

Please supply a further **three** telephone numbers (**not parents**)

Name:..... Relationship:..... Tel. No. ....

Name:..... Relationship: ..... Tel. No.....

Name:..... Relationship:..... Tel. No.....

Name and Address of Doctor

Health Visitor

Social Worker

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If your child should have an accident and it was felt necessary to take him/ her to hospital, we would try to contact you. If we could not make contact with you, we would need your permission to take him/ her to hospital and there receive treatment. Yes/ No

Signature of Parent ..... Date.....

Other relevant information: (Please delete as appropriate)

Any other further information

Speech Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visual Difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emotional/Behavioural Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Injections to date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Diet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18 month development check	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**We are required to furnish ethnically based statistical information to the DfES. You have the right to choose not to give this information, in which case you would be registered as unclassified.**

Ethnic origin: - White/ Black- African/ Black- Caribbean/ Black – Other/ Indian/ Pakistani/ Chinese/ Irish/ Polish/ Other

Please specify .....

Country of birth:-..... Nationality: - .....

Mother tongue (language spoken at home):- .....

Are you a refugee or seeking asylum seeker status? Yes ☐ No ☐

Any other relevant information .....

Is your child on the Child Protection Register or subject to a Care Order? Yes/No (please circle as appropriate)

Does your child receive support for special needs e.g. Portage? Yes ☐ No ☐

Does your child have a statement of special needs/ EHC Plan? Yes ☐ No ☐

Is he/she in the process of being assessed? Yes ☐ No ☐

Does anyone within your home have physical, mental or other serious health problems or special needs? Yes ☐ No ☐

Do you receive Income Support? Yes ☐ No ☐

Do you have three or more children under six years of age? Yes ☐ No ☐

Has your child had any other nursery/pre-school experience/other school? Yes ☐ No ☐

If so where? .....

Please enter below details of other children who are currently in primary school.

Child's name	Date of Birth	School

Position in family:- 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

Official Use Only:

Birth certificate checked Yes ☐ No ☐ by ..... UPN .....

Baptism certificate checked Yes ☐ No ☐ by.....