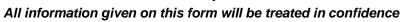
St. Mary's R.C. Primary School

Admissions – Pupil Information





Child's present family name	Forenames
Child's legal surname if different	
Address	
Post Code	
Tel. No	Mobile No.:
	Mobile No.:
Email address (mum):	Email address (dad):
Parish of Residence:	Church where child baptised:
Date of Baptism (Certificate required):-	
For KS2 arrivals in school - Sacramenta	programme completed: Y/N Date: Parish:
Name of Parent(s) or Guardian(s) with	hom 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
	It was felt necessary to take him/ her to hospital, we would try to contact you we would need your permission to take him/ her to hospital and there receiv
Signature of Parent	Date

Other relevant information: (Please delete as appropriate)							
			ther further informati	on			
Speech Therapy	=	No 🗌					
Visual Difficulties	<u>=</u>	No 🗌					
Hearing Problems		No 🗌					
Epilepsy Asthma	· 	No □ No □					
Emotional/Behavioural Problems	<u>—</u>	No					
Medication	<u>=</u>	No					
Injections to date		No □					
Special Diet	=	40 □					
Allergies	=	/o □					
18 month development check		No 🗌					
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):							
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 sp	pecial 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 asse	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 u	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		ate of Birth		School			
Position in family:- 1 st 2 nd	3 rd 4 ^t	^h 5 th 6	th				
Official Use Only: Birth certificate checked Yes	s 🗌 No 🗌	by		UPN			
Baptism certificate checked Yes No by							