



**Application for admission to school
Personal information form – Strictly confidential**

Twos provision	Nursery	Reception	Key Stage 1 / 2
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Pupil Information

Child's Surname Male/Female

Child's Forename(s) Date of Birth

Child's Home Address

Home Tel No

Postcode

Parent Information

Parent / Carer 1

Full Name **(Only this mobile number will be used for text messages)**

Date of Birth Mobile Number

Address Daytime Tel No

Postcode Place of work

Relationship to child Work Tel No

Permission to take home: Yes/No National Insurance No.

OR

Recourse to public funding : Yes / No

(Only this email address will be used by the school)

Email address:

Parent / Carer 2

Full Name

Mobile Number

Date of Birth

Daytime Tel No

Address

Place of work

Work Tel No

Postcode

National Insurance No.

OR

Relationship to child

NASS reference Number

Permission to take home:

Yes/No

Recourse to public funding : Yes / No

Email address:

Does this person have shared responsibility, if no please provide additional information:

YES

NO

If NO please provide documentation to indicate who has parental responsibility.

Please identify other children in the family

Name	Date of birth	School and Year Group

**Emergency Contact Information**

In case of emergency/illness the school may need to contact you urgently. In case we are unable to contact parents can you please give details of three emergency contacts we can use.

Contact 1

Full Name

Mobile Number

Address

Mobile No

Place of work

Work Tel No

Relationship to Pupil

Permission to take home: Yes /No

Contact 2

Full Name

Mobile Number

Address

Mobile No

Place of work

Work Tel No

Relationship to Pupil

Permission to take home: Yes /No

Contact 3

Full Name

Mobile Number

Address

Mobile No

Place of work

Work Tel No

Relationship to Pupil

Permission to take home: Yes /No

School / Setting History

Name of previous School/ setting

Address

Date of Leaving

Telephone No



Medical Information

Name of Family Doctor

Tel.No

Address

Does your child have any health problems/disabilities that we should be aware of? Eg. Asthma/eczema /diabetes/allergies etc.

YES/NO

If YES please give details

Please tick if appropriate for your child

 Wears glasses wears hearing aid uses an inhaler has a speech difficulty has an Epi- pen Other (please give details)

Does your child have any special dietary needs – Please tick if appropriate

 Vegetarian Nut allergy Milk allergy No Beef No pork Other (please give details)**Are there any other agencies involved with your child, e.g. Gem Center, Speech and Language, social care/ social services, etc.****Does your child have any Special Educational Needs:****Ethnic Details** – Please tick one box only**WHITE** British Irish Traveller of Irish Heritage Gypsy/Romany Any other White background**ASIAN or ASIAN BRITISH** Indian Pakistani Bangladeshi Any other Asian background**BLACK OR BLACK BRITISH** Caribbean African Any other Black background**MIXED** White & Black Caribbean White & Black African White & Asian Any other mixed background **CHINESE** **ANY OTHER ETHNIC BACKGROUND** I do not wish an ethnic background to be recorded

Please state what languages are spoken at home:

Please state religion:

To ensure the safety of your child, please state a password for identification use when picking up your child:

DECLARATION

I, being the parent/guardian/person* having actual custody of the above named child, hereby apply for his/her admission to Perry Hall Primary School

I declare that, to the best of my knowledge and belief, the foregoing and any other particulars, provided for the purpose of applying and for registering my child at the School are correct.

I understand that the information provided on this form may also be used to check the eligibility for Early Years Pupil Premium funding and Free School Meals.

I understand that a Nursery place does not guarantee my child a place in any specific Infant or Primary School when he/she* becomes eligible to transfer into a mainstream school.

NB The information given on this form may be held on a computer. If so, it will be subject to the provisions of the Data Protection Act 1998.

Signed _____

Print Name

Relationship to child

Date

FOR OFFICE USE ONLY
(highlight/ tick when completed)

Expression of interest (Twos /Nursery)
Date :

Date of admission

Class/form

Admission number

Added to ScholarPack

Birth certificate

Free School Meals check

Records requested (transfer)

Records received (transfer)

Received Parental responsibly documentation (ie. Court order)