

## Admission Form

### CHILD'S DETAILS

SURNAME:	FIRST NAME
MIDDLE NAME:	KNOWN AS:
GENDER: MALE/FEMALE	DATE OF BIRTH:
ADDRESS:	

Does the child have siblings in this school?

NAME	CLASS

Does the child have siblings in other school/s?

NAME	School and Year Group

### PARENTS/GUARDIAN'S DETAILS

**Parent/Guardian (Mr/Mrs/Ms/Miss)**

SURNAME:	FIRST NAME	
ADDRESS:		
MOBILE NUMBER:	HOME NUMBER:	WORK NUMBER:
E-MAIL:		
NATIONAL INSURANCE NUMBER:		
DATE OF BIRTH:		
RELATIONSHIP TO CHILD:		

**Parent/Guardian (Mr/Mrs/Ms/Miss)**

SURNAME:	FIRST NAME	
ADDRESS:		
MOBILE NUMBER:	HOME NUMBER:	WORK NUMBER:
E-MAIL:		
NATIONAL INSURANCE NUMBER:		
DATE OF BIRTH:		
RELATIONSHIP TO CHILD		

### Emergency contact details

In the event of any emergency (sickness, medical etc.) where I cannot be located, please contact my family or friends on the following numbers.

**I have sought permission to use the following contacts:**

RELATION TO CHILD:		
SURNAME:	FIRST NAME	
ADDRESS:		
MOBILE NUMBER:	HOME NUMBER:	WORK NUMBER:

RELATION TO CHILD:		
SURNAME:	FIRST NAME	
ADDRESS:		
MOBILE NUMBER:	HOME NUMBER:	WORK NUMBER:

RELATION TO CHILD:		
SURNAME:	FIRST NAME	
ADDRESS:		
MOBILE NUMBER:	HOME NUMBER:	WORK NUMBER:

RELATION TO CHILD:		
SURNAME:	FIRST NAME	
ADDRESS:		
MOBILE NUMBER:	HOME NUMBER:	WORK NUMBER:

**In case of a minor accident the school will administer first aid and change soiled clothing.**

**If staff are unable to contact myself or any of the above in my absence I give my permission for my son/daughter to be taken to Hospital by a member of Ranelagh staff. The duty paediatrician/doctor has my permission to administer treatment and/or medication until such times as I am available for consultation.**

Name: _____ Relationship to the child _____
Signature: _____
Date: _____

### MEDICAL DETAILS

NAME OF DOCTOR:
MEDICAL CENTRE:
MEDICAL CENTRE NUMBER:
HAVE YOUR CHILD RECEIVED ALL THEIR IMMUNISATIONS? Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Does your child have any medical conditions that the school should be aware of?

Yes  No

If yes,

Name of Medical Condition 1:

Name Medicine:

How many times is this medicine taken a day?

If yes,

Name of Medical Condition 2:

Name Medicine:

How many times is this medicine taken a day? :-

### MEALS

SCHOOL MEAL		PACKED LUNCH		HOME		I have completed the Free School Meals application form	
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#### Dietary Needs:

Artificial colouring allergy

Gluten Free

Halal

Kosher food

No Dairy Produce

No Nuts of any type

No Pork

Seafood allergy

Vegetarian

Any other allergy:

Care Plan required: Yes  No

### How will you travel to school?

WALK		CAR		BUS		TRAIN		CYCLE		TAXI	
OTHER:											

### PREVIOUS SCHOOL/SETTING INFORMATION

MY CHILD HAS ATTENDED SCHOOL PREVIOUSLY:											
Abroad	<input type="checkbox"/>	UK	<input type="checkbox"/>	London	<input type="checkbox"/>	Newham	<input type="checkbox"/>	No previous education	<input type="checkbox"/>		
NAME OF SCHOOL:											
FROM:						TO:					
SCHOOL ADDRESS:											
CONTACT NUMBER:											
REASON FOR LEAVING:											

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS?											
DOES YOUR CHILD HAVE AN EHC PLAN/1:1 SUPPORT?											
IF YES, DATE WRITTEN:											
IF YES, PLEASE PROVIDE DETAILS:											
WHICH LOCAL AUTHORITY (COUNCIL):											

Does your child receive any of the following:

Occupational Therapy: Yes  No

Physiotherapy: Yes  No

Speech Therapy: Yes  No

**Please note that in order to ensure that we continue to meet the needs of your child we will contact the previous school.**

#### ETHNIC ORIGIN (Please tick **one** category)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Arab                    | <input type="checkbox"/> Bangladeshi                  | <input type="checkbox"/> White – British            |
| <input type="checkbox"/> Black Caribbean         | <input type="checkbox"/> Indian                       | <input type="checkbox"/> White and Asian            |
| <input type="checkbox"/> Black Nigerian          | <input type="checkbox"/> Pakistani                    | <input type="checkbox"/> White and Black African    |
| <input type="checkbox"/> Black Somali            | <input type="checkbox"/> Other Asian                  | <input type="checkbox"/> White and Black Caribbean  |
| <input type="checkbox"/> Other Black African     | <input type="checkbox"/> Latin/South/Central American | <input type="checkbox"/> White – Eastern European   |
| <input type="checkbox"/> Chinese                 | <input type="checkbox"/> Turkish/Turkish Cypriot      | <input type="checkbox"/> White Other                |
| <input type="checkbox"/> Filipino                |   | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Other (please specify): |   | <input type="checkbox"/> Any other mixed background |

**NATIONALITY:** \_\_\_\_\_

**RELIGION:**

- |                                    |                                 |  |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Jewish | <input type="checkbox"/> No Religion             |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Refused                 |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Sikh   | <input type="checkbox"/> Other (please specify): |

First Language spoken at Home: \_\_\_\_\_

Any other languages spoken: \_\_\_\_\_

**PARENTAL CONSENT:**

I give permission for my child to go on educational visits - in the local area (a separate letter would be sent in case of a trip further afield)

Yes  No

I give permission for my child to use the internet (under supervision) as part of their learning:

Yes  No

I give permission to the school to use my child's photograph and/or video recording for as long as the duration of need, which could be after the child has left. I understand that this may be used for the following:

- School and Trust Websites
- Displays around the school building
- Record Keeping
- School and Trust Newsletters
- Portfolios within school
- Local Newspaper/Press
- Billboards / School Boards and Banners / Prospectus / Marketing materials such as leaflets and booklets
- School/Trust social media accounts (e.g. Twitter/School APP)

Yes  No

Please see the data protection policy or speak to the school for further information.

I the undersigned, agree that the information above is true and correct. I will notify the office if there are any changes that need to be made to the above consent

Parent / Carer signature: \_\_\_\_\_ Date: \_\_\_\_\_

## This page is for Staff Use Only

**(Please see HOME SCHOOL AGREEMENT, GDPR LETTER and SCHOOL PROSPECTUS)**

Start Date (please also inform the parent):

Class (please also inform the parent):

Any other information:

**Office Staff Use Only:**

**SEN /Support assessed. Start Date to be agreed with SENCO if support needed**

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On SIMS (ensure the 'first language' section used ONLY for languages)

Have you received the Date of Birth and National insurance number.

Received full Birth Certificate or

Received Council Tax or Tenancy Agreement

Received 2 proof of address (2 bills etc.)

Weekly pattern created on SIMS Attendance (if applicable)

Label for Class book printed

Water bottle given

FSM/Pupil Premium Form Completed

If allergy is SENCO notified?

Member of staff inducting child:

Induction Date: