Sir Henry Fermor C of E Primary School

TENAX SCHOOLS TRUST

Admissions form

To be completed once a school place has been granted

Please use black ink and BLOCK CAPITALS or electronically

The information you give on this form will help your child's school to give him/her the best possible support. It is important therefore that you fill in this form as accurately as possible. The personal information you give will be held on computer systems at the school/college and by the Children's Services Department and is covered by data protection legislation. Some of the data you give is required by the Department for Children, Schools and Families for local and national statistics.

Please state date of Admission: _____

Pupil Details:

Legal surname:		Legal forename:
Preferred surname:		Preferred forename:
Middle name(s):		Year Group Applying for:
Boy ☐	Girl ☐	Date of birth: Day/Month/Year
Home Address: Post Code:		
Home telephone:		Religion:
Is your child Pupil Premium? Yes ☐ No ☐		Pupils first language:
Does your child qualify for Benefit related Free School meals? Yes ☐ No ☐		Main language spoken at home:
Would you like information regarding applying for Benefit related FSMs? Yes ☐ No ☐		Languages Spoken within the Family:

Ethnicity:

Country of birth:		Nationality:	
White: White British ☐	White Irish ☐	Any other white background ☐	
Mixed: White & Black Carribean ☐	White & Black African ☐	White & Asian ☐	Any other mixed background ☐
Asian or Asian British: Indian ☐	Pakistani ☐	Any other Asian background ☐	
Black or Black British: Carribean ☐	African ☐	Any other Black background ☐	
Other Ethnic Origin: Chinese ☐		Any other ethnic group ☐	

Previous Schools:

Name of last school attended:	
School Address: Post Code: Telephone Number:	
Dates attended; from:	To:
Reason for leaving:	Number of other schools attended in UK:

Nursery/Pre-school details: Only complete if your child is joining a reception class

Name of nursery/pre-school attended:	
Telephone Number	Was Attendance full time ☐ or part time ☐
Dates attended; from:	To:
Reason for leaving:	Number of other schools attended in UK:

Additional support:

Does your child have special educational needs? Yes ☐ No ☐
Is your child receiving extra help at school? At school action stage ☐ At school action plus stage ☐
Other (please specify):
Do you have contact with any outside agencies such as Speech Therapy, CAMHS, Social Services, Education Welfare Service, and Education Psychology Service? Please state:

Medical Details:

We need to know about any medical conditions your child may have. Please tick **all** relevant boxes:					
Asthma	☐	ADHD	☐	Colour Blindness	☐
Eczema	☐	ASD	☐	Eyesight problems	☐
Epilepsy	☐	Dyslexia	☐	Hearing problems	☐
Hay-fever	☐	Dyspraxia	☐	Diabetes	☐
Other (please specify):					
Are the any other illnesses or conditions that we should be aware of? Yes ☐ No ☐					
If yes, please specify here: Please continue on a separate sheet if necessary.					
Does your child have any **allergies** or **dietary needs** that we should be aware of? Yes ☐ No ☐					
We can tailor make a menu to suit any specific dietary need, but we will need a doctor's letter to support this. Please ensure this is returned to the office before your child starts school. Please Specify: Will you require a bespoke menu created? Yes ☐ No ☐					

Medical Details cont:

Does your child require any ongoing medication? Yes ☐ No ☐ If yes, please give clear information about the name of the medication, strength and dose even if it is not required during the school day.

Doctor's Details:

Doctor's name:	Practice name:
Address: Telephone Number:	

Emergency Contact details:

Priority	Full name	Landline Tel	Mobile number	Relationship to pupil
1		(H) (W)		
2		(H) (W)		
3		(H) (W)		
4		(H) (W)		

Emergency treatment

I/we consent to my child receiving emergency hospital treatment should it be considered necessary and to a member of school staff signing the consent form if I am/ we are unable to be contacted.

1) Signed _____ Date _____

Relationship to child _____

2) Signed _____ Date _____

Relationship to child _____

Community nursing

I agree to my child having Community School Nursing team health checks Yes ☐ No ☐

If neither box is ticked, we will assume that you require Community School Nurse input
Schools can give you information regarding the Community School Nursing Service

Family Details:

Does your child have brothers or sisters attending the school? Yes ☐ No ☐		
If yes, please give details	Full name:	Date of birth:
	Full name:	Date of birth:
	Full name:	Date of birth:

Parent/carer details:

Parent/Carer 1	Parent/Carer 2
Title:	Title:
Surname:	Surname:
First Name:	First Name:
Address:	Address:
Postcode:	Postcode:
Date of Birth:	Date of Birth:
National Insurance number:	National Insurance number:
Home telephone:	Home telephone:
Work telephone:	Work telephone:
Mobile number:	Mobile number:
Email address:	Email address:
Relationship to pupil:	Relationship to pupil:
Parental responsibility Yes ☐ No ☐	Parental responsibility Yes ☐ No ☐
First Language?	First Language?
Is a translator required? Yes ☐ No ☐	Is a translator required? Yes ☐ No ☐
Should correspondence be addressed to this person? Yes ☐ No ☐	Should correspondence be addressed to this person? Yes ☐ No ☐
Should correspondence be addressed jointly? Yes ☐ No ☐	
Are you asylum seekers? Yes ☐ No ☐	Are you travellers? Yes ☐ No ☐

Parental declaration

The details supplied on this form are correct to the best of my knowledge, and I consent for any checks regarding Free School Meals. I understand that the head teacher must be informed of any changes which might affect my child's education.

Signed: _____ Parent/carer (1) Date: _____

Signed: _____ Parent/carer (2) Date: _____

Please return this form to the admissions officer at the school office or email to admissions@fermorschool.org.uk.

Data Protection Act
Personal information that you have provided will be used carefully and may be held on computer systems at the school/college and in the Children's Services Department. These uses of personal information are covered by registration under the data protection legislation. Under this legislation you have the right to obtain a copy of the information we hold about you. The admissions booklet gives more detailed information about the use of this data.