



Worpleston Primary School Admission Form (Confidential)

Child Details

Child's Legal Surname		Preferred Surname			
Child's Forename		Preferred Forename			
Date of Birth		Boy		Copy of Birth Certificate Seen	Yes / No
		Girl			
Previous Surname(s)					
Child's Address					
Home Telephone No		Who does the child live with?		Both Parents	
				Mum	
				Dad	
				Other Person(s)	

Previous schools attended (or playgroups/nurseries if applying for reception)

Name	No of terms		Date of Leaving	
Name	No of terms		Date of Leaving	

Parent/Guardian Details

Mother's Name		Parental Responsibility	Yes / No
Address (If different from Child's)			
Home Tel No		Mobile No	Work No
Email Address			
Father's Name		Parental Responsibility	Yes / No
Address (If different from Child's)			
Home Tel no		Mobile No	Work No
Email Address			



Other Emergency Contacts

1 st Contact Name		Parental Responsibility	Yes / No
Home No		Mobile No	Work No
Relationship to child			
2 nd Contact Name		Parental Responsibility	Yes/No
Home No		Mobile No	Work No
Relationship to child			
3 rd Contact Name		Parental Responsibility	Yes / No
Home No		Mobile No	Work No
Relationship to child			
4 th Contact Name		Parental Responsibility	Yes / No
Home No		Mobile No	Work No
Relationship to child			

Family Links – Names and dates of birth of brothers and sisters (if appropriate, please state the school attended)

Name		Date of birth		School	
Name		Date of birth		School	
Name		Date of birth		School	
Name		Date of birth		School	

Parental Consent

Copyright Permission	Yes / No	Sex Education	Yes / No	Sometimes we find there is an opportunity to take the children out locally to learn about the environment. This depends on the weather and we need to ‘grab the moment’. Are you willing for your child to accompany a member of staff for this kind of activity?	Yes / No
Internet Access	Yes / No	Data Exchange	Yes / No		
Photograph Student	Yes / No	School Visit	Yes / No		



Health and Welfare Information

Name of Family Doctor				Tel No	
Surgery Address				Tel No	
Health Visitor				Tel No	
Social Worker				Tel No	
Are there any foods which your child must not eat? If yes please give details	Yes / No				
Is your child allergic to anything? (i.e. bee stings, nuts, face paints, plasters, medication) If yes please give details	Yes / No				
Does your child suffer, or have they suffered in the past from any of the following? If yes, please give information about current treatment.					
Epilepsy	Yes / No	Diabetes	Yes / No	Any information about current treatment	
Eczema	Yes / No	Asthma	Yes / No		
Hearing Problems	Yes / No	Eyesight Problems	Yes / No		
Mobility or control difficulties	Yes / No	Development difficulties	Yes / No		
Has your child had their pre-school booster?			Yes / No	Medicines cannot be administered to your child without permission of the parent. Do you consent to plasters being used on your child as and when necessary for cuts and scrapes?	Yes / No
Any other comments					



Ethnic and Cultural – Our ethnic background describes how we think of ourselves. However, ethnic background is not the same nationality or country of birth. Please study the list below and tick one box to indicate the ethnic background of the child.

Asian or Asian British

Bangladeshi	
Indian	
Pakistani	
Any other Asian Background	

Black or Black British

African	
Caribbean	
Any other Black Background	

Mixed

White and Asian	
White and Black African	
White and Black Caribbean	
Any other mixed background	

White

White	
Irish	
Gypsy Roma	
Traveller of Irish Heritage	
Any other White background	
White European	
Other White Background	

Any other ethnic background	
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Nationality	
First Language	
Language used at home	
Religion	
Country of birth	

Additional Information

Is your child eligible for a free school lunch? (Applies to parents in receipt of income support/child tax credit)	Yes / No	How will your child be travelling to school?	Walk
			Car

Signature of parent having parental responsibility

	Relationship	
	Date	