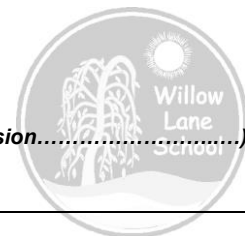


Willow Lane CP School – Admission Form

(Date of Admission.....)



PUPIL PERSONAL INFORMATION

FORENAMES <small>(as stated on Birth Certificate)</small>		SURNAME <small>(as stated on Birth Certificate)</small>	
NAME IN USE			GENDER F / M
DATE OF BIRTH ___/___/___	BIRTH CERT SEEN? Yes / No	YEAR	YR, Y1, Y2, Y3, Y4, Y5, Y6
HOME ADDRESS <small>including post code</small>			

PARENT INFORMATION

PLEASE INDICATE IF A PARENT OR CARER IS CURRENTLY SERVING IN
THE ARMED FORCES YES / NO

MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		Yes / No	
HOME ADDRESS <small>including post code</small>					
TELEPHONE NUMBERS		HOME:	WORK:		
		MOBILE:			
E-MAIL ADDRESS					

FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		Yes / No	
HOME ADDRESS <small>including post code</small>					
TELEPHONE NUMBERS		HOME:	WORK:		
		MOBILE:			
E-MAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		RELATIONSHIP TO CHILD		PARENTAL RESPONSIBILITY	Yes / No
HOME ADDRESS <small>including post code</small>					
TELEPHONE NUMBERS		HOME:	WORK:		
		MOBILE:			

Does anyone with parental responsibility have a disability they require support with? Yes / No

CONTACT INFORMATION – IN PRIORITY ORDER Attach an extra sheet if necessary

Please provide below the names of at least two people who can be contacted by school in emergency, underlining the main contact number. (Repeat information from overleaf if necessary)

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

MEAL TYPE (please circle one only) School Meal (paid) Free School Meal Packed Lunch

Any special dietary requirements _____

MEDICAL INFORMATION – Attach an extra sheet if necessary

NAME OF DOCTOR:		NAME AND ADDRESS OF PRACTICE:	
MEDICAL CONDITIONS:			

MODE OF TRAVEL (one used most often) Car / Walk / Cycle Other please specify.....

ETHNICITY _____ **RELIGION** _____

COUNTRY OF BIRTH _____

NATIONAL IDENTITY (Please circle one only) **BRITISH / ENGLISH / WELSH / SCOTISH / IRISH / OTHER**

IS ENGLISH THE CHILD'S FIRST LANGUAGE? YES / NO
IF NO, PLEASE INDICATE LANGUAGE SPOKEN _____

PREVIOUS SCHOOL / NURSERY INFORMATION – IF APPLICABLE (use extra sheet if necessary)

Previous School, Nursery etc				
From	/	/	To:	/ /

PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH GENERAL DATA PROTECTION REGULATION.

Signature _____ **Date** _____

Name (please print) _____ **Relationship to child:** _____

