

ST. PETER'S
PRIMARY
SCHOOL



ADMISSION FORM

September 2020

NAME OF CHILD

BASIC INFORMATION

Surname by which child is normally known:

Legal surname (if different):

First name(s):

Gender: Boy ☐ Girl ☐

Date of Birth:

Name of parent(s)/carer(s) who have custody of child:

1. Mr/Mrs/Ms/Other title _____

2. Mr/Mrs/Ms/Other title _____

Address (at which the child is resident):

Post Code:

Do both parents live at the same address as the child? Yes ☐ No ☐

If no, please give additional address and indicate which parent this belongs to:

Phone Numbers (please write clearly)

Home:

Mother mobile:

Mother work:

Father mobile:

Father work:

Email addresses to be used for school communications (PLEASE WRITE CLEARLY):

(You need only provide one parental email address if you wish)

Mother Father

From time to time we would like to be able to send or forward you emails/texts in connection with SPSA (Parents Association) events (eg Summer Fair, school discos and mufti days), selected marketing information from other third parties (eg providers that run activity clubs for our pupils on school premises, Red Nose Day etc) and other occasional information we feel will be of interest to parents. If you are happy to receive such communications to the contacting details above, please tick the box. We will never pass your contacting details on to any third party and we undertake not to bombard you, so please do consider giving your consent in order that you do not miss out on opportunities for your child. Emails will be sent to all the email addresses you provide, texts will only go to the parent who is listed as parent number one on the first page of this form. This consent will still be valid if any of these email addresses or mobile phone numbers change during your child's time at St Peter's. ☐

Who should be contacted in the case of an emergency? (in order)

(if not the parent/carer, please give relationship to child)

Please ensure you have the individual's permission to share their details with us as emergency contact for your child.

1. Name: Phone Number:
Relationship:

2. Name: Phone Number:
Relationship:

3. Name: Phone Number:
Relationship:

If anyone, other than the people previously identified, have parental responsibility for the child please complete the following details:

Name of Person: Relationship to Child:

Address:

Post Code: Phone Number:

CHILD'S NAME

DIETARY

Does your child have any particular dietary requirements for religious, medical or other reasons?

This not only applies to children having lunch but is also information we need to know in lessons such as food technology, where food is being prepared, and also subjects such as science or art, where foodstuffs may be handled.

MEDICAL

Please give details of any allergies or medical conditions. Where appropriate, please give details of any symptoms, medicine taken, and treatment required in school.
(Please enclose a separate sheet of paper if necessary.)

Suffers from Asthma: Yes / No (delete as applicable)

Treatment taken:

Spare pump(s) supplied: Yes / No (delete as applicable)

Name of GP/Medical Practice:

Address (including postcode):

Phone Number:

**PREVIOUS SCHOOL/PRE-SCHOOL/NURSERY ATTENDED
(most recent only)**

Name of school/pre-school/nursery:

Address:

Phone:

Dates attended:

FOR OFFICE USE: ☐

Birth Certificate Seen

Date: _____

LANGUAGES

Please list all the languages (including English) that your child has been brought up speaking and/or hearing at home. Please put as number one the language you consider to be your child's FIRST language.

1. 2. 3.....

Are there any of these languages that your child understands but does not speak themselves?

Yes ☐ No ☐

If **yes**, please write the name(s) of these other languages (including English if applicable)

1..... 2. 3.....

I confirm that I have received the school's privacy notice which explains how my child's data will be processed, stored and shared.

Name of person completing form (please print):.....

Sign: Date: