



# Clanfield CE Primary School Admission Form

## SECTION 1: PUPIL'S DETAILS:

|  |   |  |   |
|--|---|--|---|
| Legal Surname:   |   | Preferred Surname:   |   |
| First Name:  |   | Known Name:  |   |
| Middle Name(s):  |   | Date of Birth:   | ___/___/_____   |
| Gender:  | Male  | Female   | Home Telephone 1  |
| Home Address:  |   |  | Home Telephone 2  |
| Postcode:  |   |  | Mobile:   |
|  |   |  | Email Address:  |
|  |   |  | Nationality:  |
|  |   |  | Religion: (eg Christian, Catholic, Hindu, Jewish, Muslim, Sikh, No Religion)  |
|  | Country of Birth:   |  |   |
| Ethnicity (please tick)  | <ul style="list-style-type: none"> <li>• White: British</li> <li>• White: Irish</li> <li>• White: Traveller of Irish heritage</li> <li>• White: Other</li> <li>• White: Gypsy/ Roma</li> <li>• Mixed: White and Black Caribbean</li> <li>• Mixed: White and Black African</li> <li>• Mixed: White and Asian</li> <li>• Mixed: Other</li> <li>• Any other ethnic group (please state)</li> </ul> |  | <ul style="list-style-type: none"> <li>• Asian or Asian British: Indian</li> <li>• Asian or Asian British: Pakistani</li> <li>• Asian or Asian British: Bangladeshi</li> <li>• Asian or Asian British: Other</li> <li>• Black or Black British: Caribbean</li> <li>• Black or Black British: African</li> <li>• Black or Black British: Other</li> <li>• Chinese</li> <li>• Prefer not to say.</li> </ul> |
| First Language   | <ul style="list-style-type: none"> <li>• English</li> </ul>   | <ul style="list-style-type: none"> <li>• Other (Please state)</li> </ul> | <ul style="list-style-type: none"> <li>• Prefer not to say</li> </ul>   |
| Language spoken at home  | <ul style="list-style-type: none"> <li>• English</li> </ul>   | <ul style="list-style-type: none"> <li>• Other (Please state)</li> </ul> | <ul style="list-style-type: none"> <li>• Prefer not to say</li> </ul>   |
| What type of lunchtime meal will your child be having? (e.g Dinners, Free Dinners, Go Home, Sandwiches etc.)   |   |  |   |
| Is your child entitled to free transport to and from   |   | <ul style="list-style-type: none"> <li>• Yes</li> </ul>                  | <ul style="list-style-type: none"> <li>• No</li> </ul>  |
| What is your child's usual mode of travel to and from school? _____<br>(e.g. Walk, Cycle, Car/Van, Car Share (with children from a different household), Public Bus, Taxi, Train etc.) |   |  |   |



## SECTION 2: CONTACT DETAILS:

| Priority   | Title | First Name | Surname | Gender        | Relationship to child | Parental responsibility |
|------------|-------|------------|---------|---------------|-----------------------|-------------------------|
| 1          |       |            |         |               |                       | Yes/No                  |
| Address    |       |            |         | Email Address |                       |                         |
| Postcode   |       |            |         |               |                       |                         |
| Home Phone |       | Mobile     |         | Work Phone    |                       | Main Phone no           |
|            |       |            |         |               |                       | Home/Mobile/Work        |

| Priority   | Title | First Name | Surname | Gender        | Relationship to child | Parental responsibility |
|------------|-------|------------|---------|---------------|-----------------------|-------------------------|
| 2          |       |            |         |               |                       | Yes/No                  |
| Address    |       |            |         | Email Address |                       |                         |
| Postcode   |       |            |         |               |                       |                         |
| Home Phone |       | Mobile     |         | Work Phone    |                       | Main Phone no           |
|            |       |            |         |               |                       | Home/Mobile/Work        |

| Priority   | Title | First Name | Surname | Gender        | Relationship to child | Parental responsibility |
|------------|-------|------------|---------|---------------|-----------------------|-------------------------|
| 3          |       |            |         |               |                       | Yes/No                  |
| Address    |       |            |         | Email Address |                       |                         |
| Postcode   |       |            |         |               |                       |                         |
| Home Phone |       | Mobile     |         | Work Phone    |                       | Main Phone no           |
|            |       |            |         |               |                       | Home/Mobile/Work        |

| Priority   | Title | First Name | Surname | Gender        | Relationship to child | Parental responsibility |
|------------|-------|------------|---------|---------------|-----------------------|-------------------------|
| 4          |       |            |         |               |                       | Yes/No                  |
| Address    |       |            |         | Email Address |                       |                         |
| Postcode   |       |            |         |               |                       |                         |
| Home Phone |       | Mobile     |         | Work Phone    |                       | Main Phone no           |
|            |       |            |         |               |                       | Home/Mobile/Work        |

| Priority   | Title | First Name | Surname | Gender        | Relationship to child | Parental responsibility |
|------------|-------|------------|---------|---------------|-----------------------|-------------------------|
| 5          |       |            |         |               |                       | Yes/No                  |
| Address    |       |            |         | Email Address |                       |                         |
| Postcode   |       |            |         |               |                       |                         |
| Home Phone |       | Mobile     |         | Work Phone    |                       | Main Phone no           |

|  |  |  |                  |
|--|--|--|------------------|
|  |  |  | Home/Mobile/Work |
|--|--|--|------------------|

Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access)

|  |
|--|
|  |
|--|

**SECTION 3: SIBLINGS**

If your child has any siblings who attend this school, please provide their names and dates of birth.

| Known Name | Surname | Date of Birth |
|------------|---------|---------------|
|            |         |               |

**SECTION 4: MEDICAL INFORMATION**

|   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| Doctor's Name   |                              | Telephone Number            |  |
| Medical Practice Name   |                              |                             |  |
| Practice Address  |                              |                             |  |
| Postcode  |                              |                             |  |
| Do you give permission for the school to call the doctor in an emergency?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Do you give permission for the school to administer first aid in an emergency?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines, etc.) |                              |                             |  |
|   |                              |                             |  |

**SECTION 5: PARENTAL CONSENT**

| Consent Type   | Permission (Please circle your response) |         | Notes |
|--|--|---------|-------|
| I have / have not completed the new GDPR compliant parental consent form | Completed and returned                   | Date    |       |
| I give permission for Sex Education (upper Key Stage 2 children only)    | Denied                                   | Granted |       |

**SECTION 6: ADDITIONAL INFORMATION:**

*If any of the questions below apply to your child, please also complete the 'Parent, Guardian or Carer's information for funding eligibility' section.*

|  |       |      |                     |
|--|-------|------|---------------------|
| Is your child entitled to free school meals?<br>(This does not include Universal Infant Free School Meals where all children in Years Reception, 1 and 2 are eligible)   | • Yes | • No |                     |
| Does the child have a parent currently serving in the UK Military?   | • Yes | • No | • Prefer not to say |
| If Yes, please provide your PStat Cat number (Personal Status Category number)   |       |      |                     |
| Is the child in care?  | • Yes | • No |                     |
| Does the child have any looked after arrangements? If so, please state the reason why the child has left care:   |       |      |                     |
| <ul style="list-style-type: none"> <li>• Adoption</li> <li>• Special guardianship order (SGO)</li> <li>• Residence order (RO)</li> <li>• Child arrangement order (CAO)</li> <li>• Prefer not to say</li> </ul> |       |      |                     |

*If you believe your child is eligible for additional funding as indicated in the Funding related sections above, please provide your details below so that we can carry out eligibility checks.*

|                            |           |             |              |
|----------------------------|-----------|-------------|--------------|
| Parent/Guardian 1          |           |             |              |
| First Name:                |           |             |              |
| Surname:                   |           |             |              |
| Date of Birth:             | ___ (day) | ___ (month) | _____ (year) |
| National Insurance Number: | -----     |             |              |

|                            |           |             |              |
|----------------------------|-----------|-------------|--------------|
| Parent/Guardian 2          |           |             |              |
| First Name:                |           |             |              |
| Surname:                   |           |             |              |
| Date of Birth:             | ___ (day) | ___ (month) | _____ (year) |
| National Insurance Number: | -----     |             |              |

I confirm the above information is correct:

Signed: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Data Protection Act 1998 – The School is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standards and Framework Act 1998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of the school children.