**LORD DERAMORE’S PRIMARY SCHOOL** **Tel: 01904 553890**

ADMISSION FORM CONFIDENTIAL

Pupil Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname:  |  | Gender: | Male |  |  | Female |  |
| First Name: |  | Known Name: |  |
| Middles Names: |  | Date of Birth: |  |
| Home Address: |  | Home Phone No. |  |
|  |  | Mobile No. |  |
|  |  |  |
| Nationality: |  | Religion: |
|  |  | Eg. Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc |
|  |  |
| Ethnicity (please tick) | White: British |  | Asian or Asian British: Indian |  |
|  | White: Irish |  | Asian or Asian British: Pakistani |  |
|  | White: Traveller of Irish Heritage |  | Asian or Asian British: Bangladeshi |  |
|  | White: Other |  | Asian or Asian British: Other |  |
|  | White: Gypsy/Roma |  | Black or Black British: Caribbean |  |
|  | Mixed: White and Black Caribbean |  | Black or Black British: African |  |
|  | Mixed: White and Black African |  | Black or Black British: Other |  |
|  | Mixed: White and Asian |  | Chinese |  |
|  | Mixed: Other |  | Any other ethnic group |  |
|  |  | Prefer not to say |  |
| First Language: | English | Other (please state) |  | Prefer not to say |
| Language spoken at home | English | Other (please state) |  | Prefer not to say |
|  |
| Please detail any court orders applying to the child (eg Wards of Court, Legal rights of access etc) |
|  |
| Does the child have a parent currently serving in the UK military: | Yes | No |
| Is your child eligible for free school meals? | Yes | No |
| Is your child eligible for free transport to and from school? | Yes  | No |
| What is your child’s usual mode of travel to and from school? |  |
| (eg. Walk, Cycle, Car/Van, Car Share (with children from a different household), Public Bus, Taxi etc? |

|  |
| --- |
| Please give any other information which we should be aware of? |
|  |
| If you are a visiting student/academic please can you indicate the anticipated length of time your child will require a place in school? |
|  |
| **School/s/Nursery -** previously attended – name, address and telephone number : |
|  |
| **Siblings:** (Please give the names and dates of birth of other children in the family): |
|  |
| **Medical Information**: name, address and telephone number of family doctor: |
|  |
| **Please provide details of any medical conditions that the school should be aware of and any emergency action that should be taken (eg. asthma, epilepsy, allergies to stings/food/medicines etc)** |
|  |
| Do you give permission for the school to call the doctor in an emergency? | Yes |  | No |  |
| Do you give permission for the school to administer first aid in an emergency? | Yes |  | No |  |
| I confirm that the above information is correct: |
| Signed: (parent/carer) |  |  |
| Name: |  |  |

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 share with other agencies that are involved in the health and welfare of school children.

**Please note that to complete our records we will need to see your child’s birth certificate before admission can take place.**

**Please return this form to: Lord Deramore’s Primary School, School Lane, Heslington, York YO10 5EE**

**Thank you**