

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