

**SCHOOL:**

[CONFIDENTIAL when completed]

All schools are required by law to keep on record details of children admitted; please complete this form in **BLOCK CAPITALS** and hand it into the school office when your child is admitted. Your child's birth certificate / passport should be presented for confirmation of the date of birth / nationality at the time of your child's admission to the school. Thank you.

**PUPIL DETAILS**

<b>Legal Surname:</b>		<b>Legal Forename:</b>	
<b>Preferred Surname:</b>		<b>Preferred Forename:</b>	
<b>Middle name(s):</b>		<b>Date of birth:</b>	
<b>Gender:</b> (male / female)		<b>Unique Pupil Number</b>	

**PARENT / CARER CONTACT DETAILS**

<b>Head of House:</b> Mr/Mrs/Ms/Miss/Rank		<b>Other Parent / Carer:</b> Mr/Mrs/Ms/Miss/Other	
<b>Service / Staff No:</b>		<b>Service / Staff No:</b>	
<b>Forename:</b>		<b>Forename:</b>	
<b>Surname:</b>		<b>Surname:</b>	
<b>Telephone Nos:</b> Home: Work: Mobile:		<b>Telephone Nos:</b> Home: Work: Mobile:	
e-mail:		e-mail:	
<b>Official / BFPO address:</b>		<b>Home / MQ address:</b>	

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion.

<b>Name</b> (and relationship to child):	<b>Parental responsibility?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Daytime address and telephone number</b> (if same as home address please write home)	<b>Address:</b>  <b>Phone:</b>

## OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY 1996 EDUCATION ACT

Parental responsibility may be shared between a number of people beyond the child's natural parents. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested. Please give details below:

<b>Name (and relationship to child):</b>	
<b>Home Address:</b>	<b>Work Address:</b>
<b>Telephone Nos:</b> Home: Mobile:	<b>Telephone Nos:</b> Work: Mobile:
<b>Is the child resident with foster parents:</b> <span style="float: right;">Yes <input type="checkbox"/>      No <input type="checkbox"/></span>	
<b>Please attach a copy of any court orders relating to your child. Please tick if attached</b> <input type="checkbox"/>	

<b>Other children in the family.</b> (This information will only be used in relation to this application to the school)		
Name: _____	Age: _____	Position in family: _____
Name: _____	Age: _____	Position in family: _____
Name: _____	Age: _____	Position in family: _____

## MEDICAL & ADDITIONAL NEEDS INFORMATION

<b>DOCTOR</b>	
<b>Surgery name and address &amp; tel no:</b>	<b>Doctor's name (if known):</b>

<b>DIETARY NEEDS / ALLERGIES</b>			
<input type="checkbox"/> Artificial colour allergy	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Kosher food only	<input type="checkbox"/> No dairy produce
<input type="checkbox"/> No nuts of any type/quantity	<input type="checkbox"/> No pork	<input type="checkbox"/> Halal	<input type="checkbox"/> Seafood allergy
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No Beef	<input type="checkbox"/> Other (please specify)	

<b>Is your child receiving any medical care at present? Please tick below or add any other information as necessary.</b> (Please give details including any medication requirements)			
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Physical difficulties	<input type="checkbox"/> Eczema
<input type="checkbox"/> Autism	<input type="checkbox"/> Coeliac Disease	<input type="checkbox"/> Hearing impairment	A.D.H.D.
<input type="checkbox"/> Asthma - If your child uses an inhaler, is it carried on their person?			Yes / No

<b>Further information if necessary:</b> (for example does you child wear glasses at any time?)
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**Have any other services been involved with your child:** Yes  No

(e.g. Social Services; Education Psychologist; Bilingual Support Service; Speech Therapist;; Diagnostic Unit; Behaviour Support Service; Child and Adolescent Mental Health Service (CAMS); Youth Offending Team)

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**Is there any other information you feel the school should be aware of? For example does your child have special or additional needs?**

o School Action      o School Action +      o Is your child registered with CEAS in Upavon (UK)

**Does your child have a statement of Special Educational Needs or a Record of Needs (Scotland) Please use this space to provide any additional information**

### PREVIOUS EDUCATION DETAILS (Most Recent First)

School / Pre-School Name	Contact Details	Date of arrival	Date of leaving	Reason For Leaving
	Address:  Telephone:			
	Address:  Telephone:			
	Address:  Telephone:			

*For pupils being admitted into **the Reception Year (FS2) only**, please include the number of terms spent in pre-school education where known. Please continue on a separate sheet of paper if necessary.*

### ETHNIC / CULTURAL INFORMATION

**Please complete the following, this will help us to see how well children from different groups are doing. We want to make sure that all children are treated fairly and do well at school.**

Nationality:	
Religion:	
Mother tongue:	
Ethnicity:	
Language spoken at home:	
Other	

## ADDITIONAL INFORMATION

### MEALS

- |   |  |
|---|--|
| <input type="checkbox"/> Special dietary requirements | <input type="checkbox"/> Snack provided by parents |
|---|--|

### TRAVEL TO SCHOOL

- |                                  |                                |   |   |
|----------------------------------|--------------------------------|---|---|
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Car   | <input type="checkbox"/> Public Transport | <input type="checkbox"/> Garrison Transport |
| <input type="checkbox"/> Taxi    | <input type="checkbox"/> Walks |   |   |

### PARTICIPATION IN SCHOOL ACTIVITIES – Parental agreement

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Use of INTERNET | <input type="checkbox"/> Educational Visits | <input type="checkbox"/> Photographs | <input type="checkbox"/> Garrison Transport |
| <input type="checkbox"/> Taxi            | <input type="checkbox"/> Walks              |                                      |   |

## PARENTAL DECLARATION

### DATA PROTECTION STATEMENT:

The purpose of this form is to collect data for further processing within the school / Agency (SCE) information systems. Your signature on this form implies your consent for the school to process the data. The data will be processed in accordance with the purposes notified by the Agency (SCE) to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database. This information will also be shared with the school nurse and dental health.

### DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

*I declare the above information to be correct to the best of my knowledge at the time of completion.*

*I agree to notify the school of any change in my child's circumstances.*

*I understand that the headteacher must be informed of any conditions which might effect my child's education.*

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

**Please use this space to provide any other information that you believe would be of help to the school.**

**Please return this form to the Headteacher of the School**

**FOR SCHOOL USE ONLY**

Registration Group: \_\_\_\_\_ House: \_\_\_\_\_

\* NC Year: \_\_\_\_\_ am/pm (if Nursery) \* Year Taught in: \_\_\_\_\_

\* Enrolment Status: \_\_\_\_\_ Boarder Status: \_\_\_\_\_

\* Admission Date: \_\_\_\_\_ Admission No: \_\_\_\_\_

Birth Certificate seen: 0 \*required fields for SIMS