COALWAY COMMUNITY INFANT SCHOOL
ADMISSION FORM

Please complete and return to the School Office.

SURNAME: _____ FORENAME: _____ OTHER NAMES: _____

DATE OF BIRTH: ____/____/____ COUNTRY OF BIRTH: _____ PUPIL NATIONALITY: _____

* POSITION IN FAMILY: _____ SEX (M/F): _____
(e.g. eldest of 3 children)

HOME ADDRESS: _____

_____

(Town) _____

(County) _____ Post Code _____

HOME TELEPHONE: _____ MOBILE PHONE: _____

PARENT/GUARDIAN E-mail ADDRESS: _____

PARENT/GUARDIAN(S): _____ (e.g. Mr. & Mrs. Smith)

DAYTIME EMERGENCY CONTACTS:

	1st Contact:	2nd Contact:
NAME:	_____	_____
RELATION:	_____	_____
TELEPHONE NO:	_____	_____
MOBILE NO:	_____	_____
PLACE OF CONTACT:	_____	_____

	3rd Contact:	4th Contact:
NAME:	_____	_____
RELATION:	_____	_____
TELEPHONE NO:	_____	_____
MOBILE NO:	_____	_____
PLACE OF CONTACT:	_____	_____

N.B. Should an accident occur during the school day and we are unable to contact a child's parent then, unless we are expressly instructed in writing to the contrary, the Head Teacher will take appropriate action.

USUAL TRAVEL TO SCHOOL (please tick **one**) ☐Walk ☐Public Bus ☐Private Car/Van ☐Taxi ☐Car share

ETHNIC/CULTURAL:

FIRST LANGUAGE OF CHILD: _____ *FIRST LANGUAGE OF PARENT: _____

*LANGUAGE SPOKEN AT HOME: _____ *RELIGION: _____

SCHOOL HISTORY:

PREVIOUS SCHOOL/NURSERY:_____

ADDRESS:_____

Please specify - ☐FULL TIME ☐PART TIME HOW MANY TERMS OF PRE-SCHOOL EDUCATION _____

SCHOOL MEALS: ☐ I have completed the school meal registration form (please tick)

DIETARY NEEDS: (please tick any that apply to your child)

☐ Artificial colouring allergy	☐ Kosher foods only	☐ No pork
☐ Gluten free	☐ No dairy produce	☐ Seafood allergy
☐ Halal	☐ No nuts of any type/quantity	☐ Vegetarian

MEDICAL INFORMATION:

DOCTOR/MEDICAL PRACTICE: _____

ADDRESS: _____

TELEPHONE: _____

MEDICAL INFORMATION: _____

_____

_____

_____

(e.g. impaired hearing, wears glasses, unclear speech, hospitalisation, premature birth, allergies, fears, referrals etc.)

MEDICAL CONDITIONS:
(please tick any that apply to your child)

☐ Epilepsy	☐ Multiple Sclerosis
☐ Diabetes	☐ Tuberculosis
☐ Asthma	☐ Arthritis
☐ Eczema	☐ None applicable
☐ Other	

_____

MEDICAL SUPPORT:
(please tick any that apply to your child)

- ☐ Occupational Therapy
- ☐ Physiotherapy
- ☐ Speech Therapy
- ☐ None applicable
- ☐ Other

SPECIAL EDUCATIONAL NEEDS/DISABILITY:
(Please tick any that apply to your child)

☐ My child has special educational needs ☐ My child has a disability

Please give full details below:_____

_____

_____

This form was completed by: _____ **Signed** _____

Relationship to child _____ **Date**_____

DATA COLLECTION FORM

Pupil's name .....

Class/form .....

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. ***Ethnic background is not the same as nationality or country of birth.***

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below and tick *one* box only to indicate the ethnic background of the pupil or child named above. Please also tick whether the form was filled in by a parent or the pupil.

White

- [ ] English
- [ ] Scottish
- [ ] Welsh
- [ ] Other White British
- [ ] Irish
- [ ] Traveller of Irish Heritage
- [ ] White Eastern European
- [ ] White Western European
- [ ] White other
- [ ] Gypsy/Roma

Mixed

- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] White and Chinese
- [ ] Other mixed background

Asian or Asian British

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Any other Asian background

Black or Black British

- [ ] Caribbean
- [ ] African
- [ ] Any other Black background

[ ] Chinese

[ ] Any other ethnic background

[ ] I do not wish an ethnic background category to be recorded

This information was provided by:	
Parent	[ ]
Pupil	[ ]

Please return the form to the School Office.

(Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.)