

Ellistown Primary School

Pupil Admission Form

This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 1988.

Data on this form will be shared with the local authority where necessary.

Please provide as much information as possible about your **child**.

Legal Surname:..... Legal Forename:.....

Gender: (M/F)..... Date of Birth:.....

Preferred Surname: Preferred Forename:.....

Middle names:.....

Home Address:.....

.....

Post Code.....

Contact Information for Parent / Guardian.

Title Surname:..... Forename:.....

Mobile No: Home No:.....

Work No : Email:

Home Address if different from above:.....

.....

Post Code:..... Relationship to child:

Parent Responsibility: Yes / No

Priority: 1 / 2 / 3 / 4

Contact Information for Parent / Guardian.

Title Surname:..... Forename:.....

Mobile No: Home No:.....

Work No : Email:

Home Address if different from above:.....

.....

Post Code:..... Relationship to child:

Parent Responsibility: Yes / No

Priority: 1 / 2 / 3 / 4



Contact Information for Parent / Guardian.

Title Surname:..... Forename:.....
Mobile No: Home No:.....
Work No : Email:
Home Address if different from above:.....
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Post Code:..... Relationship to child:
Parent Responsibility: Yes / No Priority: 1 / 2 / 3 / 4

Contact Information for Parent / Guardian.

Title Surname:..... Forename:.....
Mobile No: Home No:.....
Work No : Email:
Home Address if different from above:.....
.....
Post Code:..... Relationship to child:
Parent Responsibility: Yes / No Priority: 1 / 2 / 3 / 4

Medical Information

Dietary Requirements: Please tick any of the following that applies
Artificial Colouring Allergy: No Pork: Dairy Produce: Gluten Free: Halal:
Kosher Foods Only: No Nuts Of Any Type: Vegetarian: Seafood Allergy:

Medical Practice:
Medical Practice Address:
.....
Telephone No: Doctor:
.....

Does your child suffer with any medical conditions that the school should be aware of?

Please specify:
.....
.....



Cultural Information

Ethnicity:

Please tick any of the following that applies

White

British

Irish

Traveller of Irish Heritage

Gypsy / Roma

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

Chinese

I do not wish for an ethnicity background category to be recorded

This information was provided by Name.....

Relationship to child.....

Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other mixed background

Black or Black British

Caribbean

African

Any other Black background

Any other ethnic background

Language.

A First Language other than English should be recorded where a child was exposed to the language during early development continues to be exposed to this language in the home or the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.

Child's First Language:

Other Languages Spoken:

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