



COALWAY COMMUNITY INFANT SCHOOL **ADMISSION FORM**

Please complete and return to the School Office. Sections marked with an asterisk are non-compulsory.

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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Artificial colouring allergy | <input type="checkbox"/> Kosher foods only | <input type="checkbox"/> No pork |
| <input type="checkbox"/> Gluten free | <input type="checkbox"/> No dairy produce | <input type="checkbox"/> Seafood allergy |
| <input type="checkbox"/> Halal | <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> 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)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> None applicable |

*** MEDICAL SUPPORT:**

(please tick any that apply to your child)

- | |
|---|
| <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> None applicable |
| <input type="checkbox"/> Other |

SPECIAL EDUCATIONAL NEEDS/DISABILITY:

(please tick any that apply to your child)

- | | |
|---|--|
| <input type="checkbox"/> My child has special educational needs | <input type="checkbox"/> 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	<input type="checkbox"/>
Pupil	<input type="checkbox"/>

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.)