

MILVERTON PRIMARY SCHOOL

ADMISSION FORM

Would you please fill in this form in **BLOCK CAPITALS**.
The information you supply may be processed by a computer and has been registered under the Data Protection Act 1984. It will be held in confidence and used only for administration and to support the education of your child. If at any time you would like to verify the information that you have supplied please contact the Headteacher.

The school will fill in all those parts marked*

*Year: *Class:
*Admission Number: *Admission Date:
SURNAME:
FORENAME: OTHER NAMES:
DATE OF BIRTH:
HOME ADDRESS:
.....
POST CODE TEL. NO.
NAME OF PARENT(S)/GUARDIAN(S)/FOSTER PARENTS:.....
IF ONE PARENT FAMILY, DOES OTHER PARTNER REQUIRE LETTERS AND REPORTS?:
YES/NO

Other Children in the family:

Name	Age	Relationship

First language of child
First language of parents
Language(s) spoken at home
Family religion
Ethnicity
(White UK, White European, White Other, Black Caribbean, Black African, Black Other, Indian, Pakistani, Bangladeshi, Chinese, Other)

Please note we are asked to collect this information for Assessment Data Collection purposes.

EMERGENCY CONTACTS (One contact MUST be a PARENT/GUARDIAN) :

Name	Address	Tel. No.	Relationship to Child
1.			
2.			

MEDICAL DETAILS:

Name and address of family doctor

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TEL. NO.:

MEDICAL INFORMATION (i.e. asthma - use of inhalers, diabetes, allergies, ear problems, operations):

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SPECTACLES: FOR READING/AT ALL TIMES

DINNER ARRANGEMENTS:

H - Home M - School Meal F - Free School Meal
S - Sandwiches

MODE OF TRAVEL:

C - Car B - Bus W - Walk T - Taxi

PREVIOUS EDUCATION:

Name of School	Address & Tel. No	Date of Admission	Date of Leaving

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ACTIVE LESSONS (Physical Education, Swimming)

If your child suffers from any serious medical condition such as epilepsy or diabetes, it is recommended by the Local Education authority that parents give written permission for their child to take part in some activities.

Please complete this information if this applies to your child.

My child suffers from and I give permission for him/her to take part in active lessons under proper supervision.

Signed: Parent/Guardian

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LOCAL EDUCATIONAL VISITS

I *give/do not give permission for my child to go out on short educational visits within the immediate local area under full supervision. (*Please delete as appropriate.)

Signed: Parent/Guardian

Date: