



DALLIMORE PRIMARY AND NURSERY SCHOOL

PUPIL INFORMATION/ ADMISSION

Pupil Details:

Legal Surname: _____

Date of birth: _____

First Name: _____

Birth Certificate seen by Date: _____

Middle name(s): _____

Office: Signature: _____

Gender: Male Female

Home address: _____

Telephone: _____

Home: _____

Mobile: _____

Mobile: _____

Postcode: _____

Nationality: _____

Religion: _____

Ethnicity: White: British White: Irish White: Gypsy/Roma

 White: Other Mixed: White and Black Caribbean Mixed: White and black African

 Mixed: White and Asian Mixed: Other Black or Black British: Caribbean

 Black or Black British: Other Chinese Prefer not to say

 Any other ethnic group Please state _____

First Language: English Other Please state _____

Language spoken at home: English Other Please state _____

Does the child have a parent currently serving in the UK military? Yes No

Is your child entitled to Free School Meals? Yes No

Please detail any MAT, Children’s Centre or Social Services involvement or if there are any court orders applying to your child(eg Ward of Court, Legal rights of access, residency order etc) Please note we will need copies of any orders for your child’s records:

If your child has any siblings who attend this school, please provide their names:

Doctor’s Name: _____ Telephone: _____

Address: _____

Permission to call:

Yes	No
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Please turn over

IT IS YOUR RESPONSIBILITY TO KEEP THE SCHOOL OFFICE INFORMED OF ANY CHANGES TO THE INFORMATION GIVEN ON THIS FORM.

Please provide details of any medical conditions that school should be aware of and any emergency action that should be taken (eg Asthma, Epilepsy, Allergies, etc) **Please note that we will require medical evidence of allergies in order to fully meet your child's needs**

Contact Details:

Priority 1

Title	First Name	Surname	Relationship to child	Parental Responsibility?
				Yes/ No
Address:			Telephone	
			Home:	_____
			Mobile:	_____
			Work:	_____
Postcode:				
Email Address:				

Priority 2

Title	First Name	Surname	Relationship to child	Parental Responsibility?
				Yes/ No
Address:			Telephone	
			Home:	_____
			Mobile:	_____
			Work:	_____
Postcode:				
Email Address:				

Priority 3

Title	First Name	Surname	Relationship to child	Parental Responsibility?
				Yes/ No
Address:			Telephone	
			Home:	_____
			Mobile:	_____
			Work:	_____
Postcode:				
Email Address:				

I confirm that the above information is correct Signed _____
Date _____

Data Protection Act 1998- The School is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standards Framework Act 1998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of children.

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