

St Mark's C of E Junior School - Admission Form



PUPIL DETAILS

Legal Forename			
Legal Surname			
Preferred Name			
Date of Birth			
Gender			
Home Address			
Post Code			
Previous School Setting			
Sibling in school		Year Group	

PARENTS/GUARDIANS – Please note correspondence is sent automatically to the 1st contact. If you would like the correspondence to go to both parents/guardians, please tick this box

Contact priority order	1
Relationship to the Pupil	
Full Legal Parental Responsibility:	Yes/No (delete as appropriate)
Title	
Forename	
Surname	
Address (If different to child's)	
Email	
Mobile number	
Home number	
Work number	

Contact priority order (e.g. 2, 3 or 4)	
Relationship to the Pupil	
Full Legal Parental Responsibility:	Yes/No (delete as appropriate)
Title	
Forename	
Surname	
Address (If different to child's)	
Email	
Mobile number	
Home number	
Work number	

ADDITIONAL EMERGENCY CONTACTS

Contact priority order (e.g. 2, 3 or 4)	
Relationship to Pupil	
Name	
Phone Number	

Contact priority order (e.g. 2, 3 or 4)	
Relationship to Pupil	
Name	
Phone Number	

MEDICAL INFORMATION

GP Name and Surgery Address	
Phone Number	
NHS Number	
Medical Conditions - Please make us aware of any medical conditions and any regular medication your child takes. <i>Please note you may be required to fill out an Individual Health Care Plan</i>	
Please make us aware of any allergies or dietary needs	

Permission for medical assistance

I give permission for medical assistance to be given to my son/daughter in my absence and confirm my permission for school staff to act in Loco Parentis in the event of an emergency, including any necessary hospital attendance.

Signed _____ Print name _____ Date _____

ADDITIONAL INFORMATION

Please delete as appropriate

Does your child have an EHCP?	Yes / No
Is your child on the Special Needs Register?	Yes / No
Is your child a Looked After/Fostered Child?	Yes / No
Is your child a previously Looked After/Fostered Child?	Yes / No
Is your child adopted?	Yes / No
Are either parents employed by the Armed Services	Yes / No
Is there a court/access order in place preventing anyone from having access to the child?	Yes / No

Give details of any professionals that work with your family such as health visitors, speech and language therapists, family support workers, social workers

Name:	
Professional Role:	
Contact Number:	

CULTURAL INFORMATION

Home Language	Religion	First Language (Mother tongue)	Country of Birth	Nationality

Ethnicity (Please tick appropriate box)

Any other Asian background		Traveller of Irish heritage	
Any other Black background		White and Asian	
Any other ethnic group		White and Black African	
Any other mixed background		White and Black Caribbean	
Bangladeshi		White and Chinese	
Black African		White Eastern European	
Black Caribbean		White - English	
Chinese		White - Irish	
Gypsy / Roma		White - Other	
I do not wish an ethnic background category to be recorded		White – Scottish	
Other White British		White – Welsh	
Pakistani		White Western European	

Does any member of your family have a disability which we should be aware of in order to make any reasonable adjustments in school?	Yes / No
Who	
Disability	

OFF-SITE VISITS

During the academic year your child’s teacher may organise local visits or short walks in vicinity of the school. For day visits further afield you will be asked for separate consent.

Do you give permission for your child to participate in local visits in walking distance of school?	Yes / No
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INTERNET ACCESS

All children are supervised when using the internet in school and our school internet access provider operates a filtering system to ensure children are safe; this complies with Gloucestershire County Council safe access guidelines. The school policy is available on our school website www.stmarksjunior.com

Do you give permission for your child to use the internet, under the safe access guidelines	Yes / No
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Acceptable Use and ICT Policy

I confirm that I have read and agree to the Acceptable Use and ICT Policy by way of signing below.

Signed..... (parent/guardian) Date.....

I hereby certify that, to the best of my knowledge, the provided information is true and accurate

Signed.....(parent/guardian)

Date.....

School Office to Complete			
Admission Number	Date of Admission	Year group	Class
CTF FILE Requested.....	CTF File received.....	Records Received.....	
Contact Details Entered on SIMs.....	Class Lists.....	TEXT.....	e-mail..... GDPR.....