**EVERSLEY PRIMARY SCHOOL**

**Pupil Admission Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Forename:** |  | **Middle Name:** |  |
| **Legal Surname:** |  | **Preferred Surname:** |  |
| **Preferred Forename:** |  | **Date of Birth:** |  |
| **Gender:**  |  | **Religion:**  |  |
| **Address:****Postcode:** |  |

|  |
| --- |
| **Parent/Carer Emergency Contact details****Please note that you must supply at least 2 emergency contact details for your child.****In an emergency the school office will call priority 1 in the first instance, therefore please place contact details of the person you would like contacted first in the Priority 1 boxes.**  |
| **Relationship** **to pupil eg mother, father, family friend** | **Title****eg, Miss, Mr, Mrs, Ms** | **First Name** | **Surname** | **Address (if different to that given above), including postcode** |
| **Priority 1** |  |  |  |  |
| **Telephone No:****Work Telephone No:**  | **Email Address** |  |
| **Priority 2** |  |  |  |  |
|  **Telephone No:****Work Telephone No:** | **Email Address** |  |
| **Priority 3** |  |  |  |  |
| **Telephone No:****Work Telephone No:** |  |
| **Priority 4** |  |  |  |  |
| **Telephone No:****Work Telephone No:** |  |

|  |
| --- |
| **Family links****Please supply details of any siblings**  |
|  | **Forename** | **Surname** | **Date of Birth** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |

|  |
| --- |
| **Dietary/Meal Arrangements****Please complete and return the attached form if you claim any benefits which would entitle your child to Free School Meals**Free School Meal entitlement is not the same as Universal Infant Free School Meal entitlement – all infant pupils are entitled automatically to this. Should your child be entitled to Free School Meals then they would also be eligible for free school trips until they reach Year 3, in addition to this the school would receive funding to support pupils. |
| **Does your child have any dietary requirements, eg no pork, kosher foods only, halal, vegetarian or any food allergies?** |
| **Yes/No** |  | **If yes, please list their requirement:** |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Medical Details** |
| **Name of Medical Practice** | **Name of GP** | **Telephone Number of Medical Practice** |
|  |  |  |
| **Does your child have any medical conditions,****eg allergies, asthma, diabetes, epilepsy, hearing or visual problems, or impaired mobility** |
| **Yes/No** | **Medical Condition** | **Please list any medication prescribed for your child** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Travel to School****Please indicate with an X the mode of transport your child will be using to travel to/from school** |
| Bus |  | Cycle |  | Taxi |  |
| Car share with children |  | Walk |  |  |
| Car/Van |  | Train |  |  |
| **Previous Pre-School/Nursery history** |
| Name of pre-school/Nursery | Dates attended from and to | Name of keyworker  | Telephone number  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **General Welfare Information** |
| Are either parents/carers serving in HM Armed Forces | YES/NO | If yes, please provide information below: |
|  |
| Are there any Court Orders in place relating to your child | YES/NO | If yes, please provide the school with a copy of any Court Order in place. |
|  |
| Is your child a ‘looked-after’ pupil? | YES/NO | If yes, please provide details of the authority which is responsible for the child along with the name of the Social Worker assigned and the name of any independent Foster Agency if applicable. |
|  |

Eversley Primary School fully complies with information legislation. For the full details on how we use your personal information please visit: <https://www.eversley.essex.sch.uk/privacy-notice-pupils-in-schools-and-children-in-early-years/> or call the School Office, 01268 555333 if you are unable to access the internet.

|  |
| --- |
| **Background and Ethnicity:**All schools are required by the Department of Education to collect information on pupils’ ethnic background. Parents/Carers of all pupils are being asked to tick ONE box on this form. Our ethnic background describes how we think about 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 you give is confidential and will be included in your child’s confidential school record. |
| **Nationality:**(as shown on their passport) |  | **Country of Birth:**  |  |

|  |
| --- |
| **Ethnicity** |
| **White** |  | **Mixed/dual background** |  |
| British |  | White and Black Caribbean |  |
| Irish |  | White and Black African |  |
| White and any other ethnic group |  | White and Asian (including White and Bangladeshi, White and Pakistani, White and other Asian background) |  |
| White and Asian |  | Other mixed background(Other mixed race children not represented in the categories above, including Asian and Black, Asian and Chinese, Asian and other ethnic group, Black and Chinese, Black and other ethnic group, Chinese and other ethnic group). |  |
| White and Black African |  | **Asian or Asian British** |  |
| White and Black Caribbean |  | Indian |  |
| White and Eastern European |  | Pakistani(Including Mirpuri Pakistani, Kashmiri Pakistani and other Pakistani) |  |
| White Other |  | Bangladeshi |  |
| White Western European |  | Nepali |  |
| **Black or Black British** |  | African Asian (Including East and South African Asians) |  |
| Caribbean (including Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Jamaica, St Kitts and Nevis, St Lucia, St Vincent & Grenadines, Trinidad and Tobago) |  | Other Asian(Other Asian children not represented in the categories above, including Kashmiri Other, Sinhalese, Sri Lankan Tamil) |  |
| Angolan |  | **Chinese**Hong Kong Chinese |  |
| Congolese |  | Other Chinese(Other Chinese children may not be represented in the category above including Malaysian Chinese, Singaporean Chinese, Taiwanese) |  |
| Ghanaian |  | **Any other ethnic background** |  |
| Nigerian |  | Afghanistani |  |
| Sierra Leonian |  | Filipino |  |
| Somali |  | Thai |  |
| Sudanese |  | Vietnamese |  |
| Other Black African(including Black South African, Ethiopian, Rwandan, Ugandan, Zimbabwean) |  | Any other ethnic group\*(see below) |  |
| Any other Black background(Other children of black background not represented in the categories above, including Black European, Black North American) |  | \* (children of ethnic backgrounds not represented in the categories above including, Palestinian, Kuwaiti, Jordanian, Saudi Arabian, Egyptian, Iranian, Iraqi, Japanese, Korean, Kurdish, (from Iraq, Iran, Turkey), Central American, South American, Cuba, Belize, Lebanese, Malaysian, (other than Malaysian Chinese), Moroccan, Polynesian, Fijian, Tongan, Samoan,Tahitian, Yemeni) |
| **I do not wish an ethnic background category to be recorded**  |  |
| **Home language\*** |  | **First language\*** |  |
| \*If home/first language is not English, please describe your son/daughter’s proficiency in English: |
|  | A  | New to English | D | Competent |
|  | B | Early Acquisition | N | Fluent |
|  | C | Developing Competence | E | Not yet Assessed |