



HOLYBROOK PRIMARY SCHOOL
PUPIL ADMISSION FORM



DATE OF ADMISSION: ADMISSION NUMBER:

SURNAME: FORENAME:

MIDDLE NAME(S): CHOSEN NAME:

ADDRESS:

POST CODE: TEL NO: GENDER (M or F):

DATE OF BIRTH: REG GROUP:

PARENTAL RESPONSIBILITY:

NAME: RELATIONSHIP TO CHILD:

NAME: RELATIONSHIP TO CHILD:

I.D SEEN

DETAILS OF ALL PERSONS WHO HAVE PARENTAL RESPONSIBILITY & NAMES OF PERSON/S TO BE CONTACTED IN AN EMERGENCY. PLACE IN ORDER OF PRIORITY.

CONTACT: 1

TITLE:..... FORENAME:..... SURNAME:.....

HOME ADDRESS:..... POST CODE:..... HOME TEL NO:.....

DAYTIME ADDRESS:..... DAYTIME TEL NO:.....

RELATION TO CHILD:.....

PARENTAL RESPONSIBILITY (Y or N):.....

CONTACT: 2

TITLE:..... FORENAME:..... SURNAME:.....

HOME ADDRESS:..... POST CODE:..... HOME TEL NO:.....

DAYTIME ADDRESS:..... DAYTIME TEL NO:.....

RELATION TO CHILD:.....

PARENTAL RESPONSIBILITY (Y or N):.....

CONTACT: 3

TITLE:..... FORENAME:..... SURNAME:.....

HOME ADDRESS:..... POST CODE:..... HOME TEL NO:.....

DAYTIME ADDRESS:..... DAYTIME TEL NO:.....

RELATION TO CHILD:.....

PARENTAL RESPONSIBILITY (Y or N):.....

PREVIOUS SCHOOL :.....(Yes or No)

SCHOOL NAME:..... FROM:..... TO:.....

I confirm that my child has not attended any other school or Nursery in the U.K.

Signed:.....Parent/Guardian Date:.....

ETHNIC INFORMATION

ETHNIC ORIGIN: HOME LANGUAGE: RELIGION:
(Please Note: Ethnic Origin is based upon the Father's country of origin)

COUNTRY OF BIRTH NATIONALITY

If 'OTHER' please state:..... English as an additional language:..... (Yes or No)

MEDICAL

DOCTOR:..... HEALTH VISITOR:.....

ADDRESS:..... TEL NO:.....

MEDICAL INFORMATION:..... (Refer to lead first aider)

Will this medical condition require treatment during the school day? (please tick one) Y N

Does your child have any allergies? (please tick one) Y N

Are you aware of any additional needs that your child has? (please tick one) Y N

Is your child receiving any treatment from medical professionals? Y N

Is your child eligible to apply for the Disability Access Fund? Y N

I Agree to information about my child's medical problems being given to the Head teacher by the School Doctor.

Signed:.....Parent/Guardian Date:.....

SCHOOL VISITS

I give permission for my child to go on local educational visits where no voluntary contribution is necessary.

Signed:.....Parent/Guardian Date:.....

(This permission is valid whilst the child attends Holybrook Primary School)

PHOTOGRAPHS & VIDEOS

I give permission for school staff to take photographs and videos of my child for use in school, for the school website, life channel and publicity purposes. (No names will be used)

Signed:.....Parent/Guardian Date:.....

(This permission is valid whilst the child attends Holybrook Primary School)

HOME SCHOOL AGREEMENT POLICY

I have received the Home School Agreement Policy

Signed:..... Date:.....

SIBLINGS IN SCHOOL

NAME:..... RELATIONSHIP:.....

NAME:..... RELATIONSHIP:.....

NAME:..... RELATIONSHIP:.....

MODE OF TRAVEL

Please indicate mode of travel used most often	Bus (public)	Taxi (Not dads)	Car share	Walk
Please tick				