

# ADMISSION FORM

Please write in clear block capitals.



Legal First Name: \_\_\_\_\_ Legal Surname: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_ Preferred Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate seen Y / N

Gender: Male / Female Siblings: Name/Year \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Home Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Do you think you may be entitled to Free School Meals: Yes / No Are either parent in the forces? Yes / No

English Additional Language? Yes / No Is this child in care or fostered? Yes / No

Medical Conditions: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Doctor/Surgery: \_\_\_\_\_

## **First Contact:**

Mrs / Mr / Miss / Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Legal Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
(if the same as above please circle here)

Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

## **Second Contact:**

Mrs / Mr / Miss / Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Legal Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
(if the same as above please circle here)

Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_