



ADMISSION FORM

PUPIL DETAILS			Adm No
Surname			Adm Date:
First Name(s)			Birth Certificate
Date of Birth			Male/Female
Address		Telephone Number	
Postcode			
Country of birth		Date of arrival in UK (if applicable)	
PARENT/GUARDIAN DETAILS			
Title: _____ Forename: _____ Surname: _____			
Relationship to pupil: _____		WORK DETAILS	
Mobile Number: _____		Work tel No: _____	
Parental responsibility: YES/NO (Delete as applicable)		Work Address: _____	
Language(s) spoken: _____		_____	
Can we contact you in an emergency? YES/NO (Delete as applicable)			
National Insurance Number/NASS Number: _____		Date of Birth: _____	
Title: _____ Forename: _____ Surname: _____			
Relationship to pupil: _____		WORK DETAILS	
Mobile Number: _____		Work tel No: _____	
Parental responsibility: YES/NO (Delete as applicable)		Work Address: _____	
Language(s) spoken: _____		_____	
Can we contact you in an emergency? YES/NO (Delete as applicable)			
National Insurance Number/NASS Number: _____		Date of Birth: _____	
DETAILS OF ANY PARENT LIVING AT DIFFERENT ADDRESS TO PUPIL			
Title: _____ Forename: _____ Surname: _____			
Relationship to Pupil: _____		HOME DETAILS	
Mobile Number: _____		Address: _____	
Can we contact you in an emergency? YES/NO (Delete as applicable)			
Language(s) spoken: _____		Postcode: _____	
Academic report required: YES/NO (Delete as applicable)		Parental responsibility: YES/ NO (Delete as applicable)	

OTHER EMERGENCY CONTACTS

Title: _____ Forename: _____ Surname: _____

Relationship to pupil: _____ Home Number: _____

Mobile Number: _____ Work Number: _____

Can we contact in an emergency? **YES/NO** (Delete as applicable)

Title: _____ Forename: _____ Surname: _____

Relationship to pupil: _____ Home Number: _____

Mobile Number: _____ Work Number: _____

Can we contact in an emergency? **YES/NO** (Delete as applicable)**FAMILY ARRANGEMENT**

Number of siblings		How many siblings live at pupils address	
Pupil's position in family		Names of siblings currently attending Spring Vale Primary	

MEDICAL INFORMATION/DIETARY NEEDS (FOR ALLERGIES – PLEASE COMPLETE THE ADDITIONAL INFORMATION SECTION)

Doctor's Name: Surgery Address: Tel No:	DIETARY NEEDS			
	PLEASE TICK ALL THAT APPLY			
	Nut allergy		Vegetarian	
	Gluten free		Halal	
	No beef		No pork	
	No dairy		Other:	

Please list your child's medical conditions/disabilities (allergies, asthma, eczema, heart condition, visual impairment, hearing impairment etc:) Wears glasses: YES/NO Hearing aid: YES/NO Allergic to plasters: YES/NO

Condition/disability	Medicine	To be taken when?
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION/COMMENTS

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SCHOOL HISTORY	
Previous School Name	
Telephone Number	
Date of leaving	

ETHNICITY Please tick one box only						
Any other Asian background	Any other black background	Any other ethnic group	Any other mixed background	Any other white background	Bangladeshi	Black-African
Black Caribbean	Chinese	Gypsy/Roma	Pakistani	Indian	Traveller of Irish heritage	White British
White Irish	White and Asian	White and Black African	White and Black Caribbean	If you do not select one of the ethnic categories, then ethnicity will be shown on our records as `refused`		

RELIGION Please tick one box only			
Buddhist	Christian	Hindu	Jewish
Muslim	Sikh	Other Religion	No Religion

LANGUAGES	
Please list the languages that your child speaks at home Main language: _____ _____ _____	Does your child celebrate any festivals: YES/NO (delete as applicable) If YES, please give details: Asylum seeker / refugee: YES/NO
SCHOOL MEAL ARRANGEMENTS (NOT FOR NURSERY CHILDREN)	
Free meal / paid meal / packed lunch / Home (delete as applicable) I would like advice from the school about a Free school meal application: YES/NO (delete as applicable)	

WELFARE		
Please list any other agencies that are involved with your child / family		
AGENCY	TELEPHONE NUMBER	CONTACT NAME

GENERAL CONSENTS	
Any photographs I take of my child(ren) will be for personal use. I will not share or publish group photos of other people's children via social media e.g Facebook, Twitter, Instagram, etc.	I give permission for my child's photograph to be taken and displayed for school use via the:-
Sign:	School website: YES/NO (delete as applicable)
I give permission for my child to be involved in group or class visits out into local neighbourhood:	Newspaper: YES/NO (delete as applicable)
YES/NO (delete as applicable)	School newsletter: YES/NO (delete as applicable)
I give permission for my child to use the internet and email in school for educational purposes:	I give permission for my child to receive necessary emergency medical treatment or advice during school hours:
YES/NO (delete as applicable)	YES/NO (delete as applicable)
<u>NURSERY ADMISSIONS ONLY:</u> I understand that although my child will have a place at Spring Vale Primary School, this does not mean that he/she will automatically be given a full time place at Spring Vale Primary School. I will complete the appropriate form with my preferences at the relevant time: YES/NO (delete as applicable)	

<u>Renewing or updating your consent</u> This form is valid for the entire academic year. Parents are required to fill in a new data collection/consent form for their child every academic year. The school may also choose to request that your consent is updated where any significant changes to circumstances occur – this can include, but is not limited to, the following: ☞ New requirements for consent, e.g. an additional social media account will be used to share pupil images and videos, or for a press release ☞ Changes to a pupil's circumstances, e.g. safeguarding requirements mean a pupil's image cannot be used Amending or updating your choices You can amend or update you consent preferences at any time by submitting your request in writing to Mrs N Wynne, Office Manager at Spring Vale Primary School. A new form will be supplied to you to amend your consent accordingly and provide a signature. Withdrawing your consent You have the right to withdraw your consent at any time. Withdrawing your consent will not affect any images or videos that may have already been published. If you would like to withdraw your consent, you must submit your request in writing to Mrs N Wynne, Office Manager at Spring Vale Primary School.
PARENT/GUARDIAN SIGNATURE
Signed:
Name:
Date:

SCHOOL USE ONLY			
CLASS		CTF REQUESTED	
UPN NUMBER		ID SEEN	