



## Admissions Form

### Child's Details

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last Forename(s)*

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ 1<sup>st</sup> Language: \_\_\_\_\_  
*Post Code*

Ethnic Group: \_\_\_\_\_ Religion: \_\_\_\_\_

### Parent / Carer's Details

#### Names of parents / legal guardians / step-parents with whom the child lives with:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

email: \_\_\_\_\_ Parental Responsibility: **Yes / No**

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

email: \_\_\_\_\_ Parental Responsibility: **Yes / No**

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### Names of parents not living with the child:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

email: \_\_\_\_\_ Parental Responsibility: **Yes / No**

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### Details of an alternative contact in case of emergency:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

### Care Information

Please write any further information you may wish to give about your child or family circumstances (including court orders, access and contact):

## Medical Information

Doctors

Name: \_\_\_\_\_

Surgery: \_\_\_\_\_

Phone: \_\_\_\_\_

Details of Allergies / Medical Conditions:

## Previous Schools / Nursery

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Other Information

**Free School Meals (Pupil Premium):** Are you entitled to claim for free school meals for your child **YES / NO**

If you would like to claim for free school meals, an application can be made on line at [www.dorsetforyou.gov.uk](http://www.dorsetforyou.gov.uk)

**Special Needs:** Does your child have any Special Educational Needs?

**YES / NO**

If Yes, please state what need/s your child has:

## Permissions

This section will cover your child for their entire school time at All Saints Primary School, unless informed otherwise.

I give permission for my child to be taken out on walks in the local community. This would include visits to the village church, garage, shop and post office.

**YES / NO**

I give permission for my child to be photographed or videoed to be used in school.

**YES / NO**

I give permission for my child to be photographed or videoed for use on the school website and school social media sites such as Facebook

**YES / NO**

I give permission for my child to be photographed for use in Newspapers

**YES / NO**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that I must inform the school if any of the details provided change at any time in the future.*

*I understand that the details provided on this form will be available to the school office staff for appropriate record keeping purposes, the Headteacher and teaching staff who are involved with my child, Dorset County Council and the Department of Education.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

