

# Heather Ridge Infant School



## PUPIL ADMISSION FORM

School Use:	Admission Date:	UPN Number:
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Pupil Details:		
Surname:	Male:	Female:
Forename:	Address:	
Preferred Name:		Post Code:
Middle name(s):		
Date of birth:	Home Telephone Number:	

Names of all Playgroups/Nursery/School Attended: (Name & Address)	Dates Attended:
1.	
2.	
3.	

Does your child have any siblings attending this school?	
Name of sibling:	Year currently taught in:
Name of sibling:	Year Currently taught in:

First language of pupil	
Language spoken at home	
Country of Birth	
Nationality	
National Identity	
Pupil religion	

Parent Details	
Please state priority for emergency calls (Priority 1 to call 1st, 2 to call 2nd etc)	
Priority:	Priority:
Mother's Name:	Father's Name:
Title: MR Mrs Miss Ms	Title: MR Mrs Miss Ms
Home Address:	Home Address:
Post code:	Post code:
Home Telephone number:	Home Telephone number:
Mobile number:	Mobile Number:
Email address:	Email address:
Occupation:	Occupation:
Work Name and Address:	Work Name and Address:
Work Telephone number:	Work Telephone number:
Is parent a member of the armed forces? YES NO	Is parent a member of the armed forces? YES NO

Emergency Contact Details. Please give details of further contacts we can call in case of an emergency.			
Priority:			
Title: MR MRS MS MISS	Surname:	Forename:	
Home Address:			
		Post code :	
Relationship to child:			
Contact Numbers (please rank the order of numbers to call, 1 being 1st 2 being 2nd and so on)	Home:	Rank:	Mobile:
	Work:	Rank:	Other

<b>Priority:</b>			
Title: MR    MRS    MISS    MS	Surname:	Forename:	
Home Address:			
		Post code	
Relationship to child			
Contact Numbers (please rank the order of numbers to call, 1 being 1st 2 being 2nd and so on)	Home:	Rank:	Mobile:
	Work:	Rank:	Other
		Rank:	Rank:

<b>Medical Information</b>			
Doctor/GP Name:		Surgery Address:	
Surgery Name:			
Surgery Telephone Number:			
Immunisations:			
Are all immunisations up to date?      YES      NO		If not, which are outstanding?	
Does your child have a specific medical condition or illness which means they require additional care, educational support or facilities? Please indicate below if your child has any of the following medical conditions:			
Hearing:      YES      NO		Speech:      YES      NO	
Vision:      YES      NO		Asthma:      YES      NO      Inhaler:      YES      NO	
Allergies:      YES      NO      DETAILS:		Diabetes:      YES      NO	
Epilepsy:      YES      NO		Heart Condition:      YES      NO	
Disability      YES      NO      DETAILS:			
In the case of an emergency I agree to the school seeking emergency medical advice or treatment including transferring to hospital.			
Signature _____		Date _____	

<b>Travel Information: Please indicate which is your preferred method of transport</b>											
Car		Car share with another child		Walk		Taxi		Bicycle/ Scooter		Public Transport	

**Meal Arrangements:** Since September 2014 the Government have been funding free school meals for all Infant aged pupils up to the age of 7 , this is known as the UIFSM Initiative. However, the school will receive EXTRA funding for pupils who's parents are in receipt of Income Support, Job seekers allowance, Child tax credits, Income related Employment and Support Allowance. This extra funding makes a significant difference to the school in providing additional resources and support for our children. Therefore, we would be grateful if you could indicate whether your child is eligible for this funding by ticking Pupil Premium (Evidence will be collected)

UIFSM Free school Dinner		Packed lunch		Eligible for Pupil Premium	
Does your child have any Dietary Needs?		YES		NO	
		NO dairy produce		Gluten Free	
		Nut Allergy		NO Pork	
		NO Beef		NO Seafood	
		Vegetarian		Other:	

**Ethnicity of PUPIL:** Please Tick as appropriate. Any information you provide will be used solely to compile statistics on the school carers and experiences of pupils from different ethnic backgrounds and will help us support all our pupils in the most effective way. These statistics will also be passed onto the Local Authority and the Department for Education to contribute to local and national statistics.

White British		Chinese		White Asian	
White Irish		Black Caribbean		Other Asian	
White European		White/Black Caribbean		Gypsy/Roma	
Any other white background		White African		Kashmir	
Bangladeshi		White/Black African		Any other Mixed Background	
Indian		Any other Black Background		Any other ethnic group	
Pakistani		I do not wish an ethnic background to be recorded			

During your Child’s time at Heather Ridge it will sometimes be necessary for him/her to make short educational visits, for example to the local shops or immediate locality. For longer class visits, for example, school trips, we will send you a separate form. In order that we do not have to send out a parent permission form each time, I would be grateful if you would sign below giving your consent. I understand that those supervising my child are in loco parentis and must exercise a standard of care that would be expected of a reasonably prudent parent. The County Council will not be responsible for personal injury or any other damage or loss unless it is negligent.

I consent to the above	
Signature:	Date:

The information I have provided was factually correct at admission and I agree to inform the school of any changes

Signature	Print Name	Date
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