



For School Use

Year: _____

Reg. Group: _____

Admission no: _____

Date of Admission: _____

Please complete using **BLOCK CAPITALS**

Child's Personal Information

* delete as appropriate

Surname (as on birth certificate / legal document)		Address	
Forename (as on birth certificate / legal document)			
Other names		Town	
Preferred names		Postcode	
Sex		Telephone	
Date of Birth		Mobile	

Contact Information

Mother/Guardian Full name:	
Normal Address: (If different from pupil's)	
Postcode:	
E mail:	
Work Telephone no:	
Contact priority:	e.g. 1 st 2 nd 3 rd (Please circle)

Father/Guardian Full name:	
Normal Address: (If different from pupil's) Do you wish to receive a copy of any reports?	Yes / No
Postcode:	
E mail:	
Work Telephone no:	
Contact priority:	e.g. 1 st 2 nd 3 rd (Please circle)

Brothers/sisters already attending school	Name(s):	Class(es):
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Contacts: (if parent/guardians are unavailable)

Name:	
Address:	
Postcode:	
E mail:	
Work Telephone no:	
Relationship:	
Contact priority:	e.g. 1 st 2 nd 3 rd (Please circle)
Is there a legal order relating to the pupil?	Yes / No * please specify:
Is there any current or previous Social Services involvement?	Yes / No * please specify:

School Record

Name and address of previous School(s):	From:	To:

Medical Information / SEN / Disability:**(Please include all relevant information including asthma, allergies, glue ear etc.)**

Doctor's Name:	
Surgery Address:	
Postcode:	
Telephone Number:	
Medical number:	
Any specific medical problems or regular medications being taken? Do you allow a plaster for minor injuries?	Yes / No
Has your child attended/is attending Speech and Language Therapy?	Yes / No * Therapist's name:
Has your child attended/is attending Occupational therapy?	Yes / No * Therapist's name:
Does your child have Special Educational Needs?	Yes / No * Details:
Does your child have a disability?	Yes / No * Details:

Other Information:

Method of travel to school:	Bus/ car/ cycle/ walk/ ferry (please circle)
Bus route:	
Usual lunch arrangements:	School dinner/ packed lunch / home / free meals *

Please provide the information below for Department of Education Annual Census.

Religious affiliation (if any):	
First Language:	
Ethnicity (see table):	

Ethnicity codes

AOG	Any other group	BAN	Bangladeshi
BLA	Black-African	BLC	Black-Caribbean
CHI	Chinese	IND	Indian
NK	Not known	PAK	Pakistani
UNC	Unclassified	WHI	White

Your information

Academy Primary School collects personal information about you and your child on our computer systems and in paper records. We will only use personal information when the law allows us to. We will use personal information relating to our pupils and their parents/ families/ carers/ legal guardians where we need to comply with our legal obligations and where it is needed in the public interest for us to exercise our authority as a public educational body.

For a full explanation how we use your information, please see our Data Protection Policy at <http://www.academyprimary.com/about-us/data-privacy/>