



# Errington Primary School Admission Form



PUPIL BASIC DETAILS		ADDRESS DETAILS	
FORENAME		LINE 1	
KNOWN AS		LINE 2	
MIDDLE NAME		TOWN	
SURNAME		COUNTY	
LEGAL SURNAME		POST CODE	
DATE OF BIRTH		Office use only Birth Certificate seen YES/NO	
GENDER			

FAMILY/HOME CONTACT		FAMILY/HOME CONTACT	
CONTACT NAME <b>PRIORITY 1</b>		CONTACT NAME <b>PRIORITY 2</b>	
TELEPHONE NUMBER		TELEPHONE NUMBER	
MOBILE NUMBER		MOBILE NUMBER	
RELATIONSHIP TO PUPIL		RELATIONSHIP TO PUPIL	
Address if different to pupil		Address if different to pupil	
Parent/Carer National Insurance No:		Parent/Carer National Insurance No:	
CONTACT NAME <b>PRIORITY 3</b>		CONTACT NAME <b>PRIORITY 4</b>	
TELEPHONE NUMBER		TELEPHONE NUMBER	
MOBILE NUMBER		MOBILE NUMBER	
RELATIONSHIP TO PUPIL		RELATIONSHIP TO PUPIL	
NAME/DATE OF BIRTH SIBLINGS		FREE SCHOOL MEALS FORM REQUIRED	YES / NO
NAME/DATE OF BIRTH SIBLINGS		SPECIAL DIETARY REQUIREMENTS	

MEDICAL INFORMATION			
NAME OF DOCTOR/ SURGERY		TELEPHONE NUMBER	
<b>MEDICAL CONDITIONS</b>  PLEASE GIVE FULL DETAILS OF ANY RELEVANT MEDICAL INFORMATION WHICH YOU FEEL WE SHOULD BE AWARE OF SUCH AS ALLERGIES, ASTHMA .....		<b>PERMISSION TO ADMINISTER FIRST AID</b>	YES / NO

ETHNIC / CULTURAL			
<b>ETHNICITY</b>  I AM WILLING TO PROVIDE INFORMATION ABOUT THE NATIONALITY, ETHNIC ORIGIN, LANGUAGE AND THE RELIGION OF MY CHILD  YES / NO  IF YES PLEASE COMPLETE  TICK BOXES  OPPOSITE	<b>WHITE</b> <input type="checkbox"/> BRITISH <input type="checkbox"/> IRISH <input type="checkbox"/> TRAVELLER OF IRISH HERITAGE <input type="checkbox"/> GYPSY/ROMA <input type="checkbox"/> ANY OTHER WHITE BACKGROUND <b>MIXED</b> <input type="checkbox"/> WHITE AND BLACK CARIBBEAN <input type="checkbox"/> WHITE AND BLACK AFRICAN <input type="checkbox"/> WHITE AND ASIAN <input type="checkbox"/> ANY OTHER MIXED BACKGROUND <b>ASIAN OR ASIAN BRITISH</b> <input type="checkbox"/> INDIAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> BANGLADESHI <input type="checkbox"/> ANY OTHER ASIAN BACKGROUND <b>BLACK OR BLACK BRITISH</b> <input type="checkbox"/> CARIBBEAN <input type="checkbox"/> AFRICAN <input type="checkbox"/> ANY OTHER BLACK BACKGROUND <input type="checkbox"/> CHINESE <input type="checkbox"/> ANY OTHER ETHNIC BACKGROUND PLEASE SPECIFY ..... I DO NOT WISH AN ETHNIC BACKGROUND CATEGORY TO BE RECORDED	<b>LANGUAGE SPOKEN AT HOME</b>  <input type="checkbox"/> BENGALI <input type="checkbox"/> CANTONESE <input type="checkbox"/> ENGLISH <input type="checkbox"/> GREEK <input type="checkbox"/> GUJERATI <input type="checkbox"/> HINDI <input type="checkbox"/> ITALIAN <input type="checkbox"/> PUNJABI <input type="checkbox"/> POLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> TURKISH <input type="checkbox"/> URDU <input type="checkbox"/> OTHER - PLEASE SPECIFY ..... .....	<b>RELIGION</b>  <input type="checkbox"/> CHRISTIAN <input type="checkbox"/> HINDU <input type="checkbox"/> JEWISH <input type="checkbox"/> MUSLIM <input type="checkbox"/> SIKH <input type="checkbox"/> NO RELIGION <input type="checkbox"/> OTHER - (PLEASE SPECIFY) .....  <b>TRAVELLER</b>  <b>ENGLISH AS A SECOND LANGUAGE</b>  <b>SPEAKS WELSH</b>  <b>ARE EITHER OR BOTH PARENTS SERVICE PERSONNEL?</b>  <b>IF SO PLEASE STATE WHICH SERVICE OF THE ARMED FORCES</b>

ADDITIONAL INFORMATION	
<b>MODE OF TRAVEL TO SCHOOL</b> <b>(Please circle)</b>	WALK, CYCLE, TAXIS, BUS, CAR, OTHER - PLEASE SPECIFY-

SCHOOL HISTORY			
PREVIOUS SCHOOL		ADDRESS/TELEPHONE	
PREVIOUS NURSERY		ADDRESS/TELEPHONE	

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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