

## West Street Community Primary School Pupil Admissions Form

### PUPIL PERSONAL INFORMATION

LEGAL SURNAME		PREFERRED SURNAME	
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	Male / Female
BIRTH CERTIFICATE SEEN?		DATE OF BIRTH:	___/___/___
HOME ADDRESS including post code			

### PARENT INFORMATION

#### MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes / No		
NI NUMBER		OCCUPATION			
HOME ADDRESS including post code					
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

#### FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes / No		
NI NUMBER		OCCUPATION			
HOME ADDRESS including post code					
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		RELATIONSHIP TO CHILD		PARENTAL RESPONSIBILITY	Yes / No
HOME ADDRESS including post code					
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				

**CONTACT INFORMATION – IN PRIORITY ORDER - attach an extra sheet if necessary**

Please provide below the names of at least two people who can be contacted by school in emergency, underlining the main contact number. (Repeat information from overleaf if necessary)

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
HOME:		WORK:		MOBILE:	
<b>RELATIONSHIP TO CHILD</b>					

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
HOME:		WORK:		MOBILE:	
<b>RELATIONSHIP TO CHILD</b>					

**BROTHERS & SISTERS IN WEST STREET PRIMARY SCHOOL .....**

**BROTHERS & SISTERS IN NURSERY .....**

**MEAL TYPE** (please circle one only) School Meal (paid) Free School Meal Packed Lunch

**Any special dietary requirements/allergies**

**MEDICAL INFORMATION – Attach an extra sheet if necessary**

<b>NAME OF DOCTOR:</b>		<b>NAME AND ADDRESS OF PRACTICE:</b>	
<b>MEDICAL CONDITIONS:</b>			

**MODE OF TRAVEL (one most often used)** Car / Walk / Cycle other please specify

**ETHNICITY** \_\_\_\_\_ **RELIGION** \_\_\_\_\_

**IS ENGLISH THE CHILD'S FIRST LANGUAGE?** YES / NO **HOME LANGUAGE** \_\_\_\_\_

**IF NO, PLEASE INDICATE LANGUAGE SPOKEN** \_\_\_\_\_

**COUNTRY OF BIRTH** \_\_\_\_\_ **PUPIL NATIONALITY** \_\_\_\_\_

**PREVIOUS SCHOOL / NURSERY INFORMATION – IF APPLICABLE (use extra sheet if necessary)**

<b>Previous School, Nursery</b>			
<b>From</b>	/ /	<b>To:</b>	/ /

**PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (please print)** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_