

# Christ Church C of E (VA) Primary School



Love your neighbour as yourself. Learning and laughing together

## Admission Form

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Other Names \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel: \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Playgroup \_\_\_\_\_ Full time/part time (please delete as appropriate)

Number of terms attended \_\_\_\_\_

Nursery School \_\_\_\_\_ Full time/part time (please delete as appropriate)

Number of terms attended \_\_\_\_\_

Previous School \_\_\_\_\_

Dates from: \_\_\_\_\_ to: \_\_\_\_\_

Doctor \_\_\_\_\_

Address \_\_\_\_\_ Tel.No. \_\_\_\_\_

Medical Information \_\_\_\_\_

Allergies/Intolerances \_\_\_\_\_

Dietary Needs \_\_\_\_\_

In case of emergency at school requiring hospital treatment may this be given ? YES NO

Hand preference: RIGHT LEFT NOT CLEAR

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

Religion: \_\_\_\_\_

Home Language: \_\_\_\_\_

First Language: \_\_\_\_\_

Service Child: YES NO

### Daytime Emergency Contacts

#### 1<sup>st</sup> Contact

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

Relationship \_\_\_\_\_

Tel. No \_\_\_\_\_

Place of contact: \_\_\_\_\_

#### 2<sup>nd</sup> Contact

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 3<sup>rd</sup> Contact

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

Relationship \_\_\_\_\_

Tel. No \_\_\_\_\_

Place of contact: \_\_\_\_\_

#### 4<sup>th</sup> Contact

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

This information is being collected to record the Pastoral/Support/Individual Education Plan, agreed for the named student.  
The information may be shared with other agencies involved with the student's education or welfare.  
In anonymous form, it will also be used to provide statistical data. If you have any queries regarding this, please contact the school.

