

Please complete and return this form to the school for our records. You will also need to apply directly to whichever Local Authority you pay your Council Tax to. For Leicestershire residents this can be done online at www.leics.gov.uk/admissions You will usually need to register with the Local Authority no later than early January prior to September admission

HALLATON C. OF E. PRIMARY SCHOOL



SCHOOL USE ONLY

Admission No	
Year Group	
Reg Group	
Admission Date	

PUPIL ADMISSION FORM

Please provide as much of the following information as possible

LEGAL SURNAME _____ LEGAL FORENAME _____

GENDER(M/F) _____ DATE OF BIRTH _____

PREFERRED SURNAME _____ PREFERRED FORENAME _____

MIDDLE NAME(S) _____

POSTCODE _____

HOME ADDRESS _____

HOME TELEPHONE NO _____

PLEASE GIVE DETAILS OF ALL PERSONS WHO HAVE PARENTAL RESPONSIBILITY AND ANYONE ELSE YOU WISH TO BE CONTACTED IN AN EMERGENCY. PLACE THEM IN THE ORDER THAT YOU WISH THEM TO BE CONTACTED IN AN EMERGENCY

CONTACT INFORMATION FOR PARENT/GUARDIAN

Emergency Priority No _____

Title & Surname _____ Forename _____

Daytime tel no _____ Day Place _____

Home tel no _____ Mobile _____

E-mail _____ Daytime Fax _____

Address (if different to above) _____

Postcode _____

Relationship to Pupil _____ Parental Responsibility Yes/No

CONTACT INFORMATION FOR PARENT/GUARDIAN		Emergency Priority No _____
Title & Surname _____	Forename _____	
Daytime tel no _____	Day Place _____	
Home tel no _____	Mobile _____	
E-mail _____	Daytime Fax _____	
Address (if different to above) _____		
_____		Postcode _____
Relationship to Pupil _____		Parental Responsibility Yes/No

CONTACT INFORMATION FOR NON PARENTAL CONTACT		Emergency Priority No _____
Title & Surname _____	Forename _____	
Daytime tel no _____	Day Place _____	
Home tel no _____	Mobile _____	
E-mail _____	Daytime Fax _____	
Address (if different to above) _____		
_____		Postcode _____
Relationship to Pupil _____		

CONTACT INFORMATION FOR PARENT/GUARDIAN		Emergency Priority No _____
Title & Surname _____	Forename _____	
Daytime tel no _____	Day Place _____	
Home tel no _____	Mobile _____	
E-mail _____	Daytime Fax _____	
Address (if different to above) _____		
_____		Postcode _____
Relationship to Pupil _____		Parental Responsibility Yes/No

MEDICAL INFORMATION

Dietary Requirements		
Artificial Colouring Allergy	<input type="checkbox"/> No Pork	<input type="checkbox"/> No Dairy Produce
<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Halal	<input type="checkbox"/> Kosher Foods only
<input type="checkbox"/> No nuts of any type/quantity	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Seafood Allergy
Medical Practice _____		
Address _____		
_____		Tel No _____
Name of Doctor _____		

DOES YOUR CHILD HAVE ANY MEDICAL OR OTHER CONDITIONS/PROBLEMS THAT THE SCHOOL SHOULD BE AWARE OF?

PREVIOUS SCHOOL/PLAYGROUP IF APPLICABLE

ADDRESS _____

TEL NO _____

DATE STARTED _____ **DATE LEFT** _____

REASON _____

(Please tick one box in each section)

ETHNICITY			
Any other Asian Background		Any other Black Background	
Any other Ethnic Background		Any other Mixed Background	
Any other White Background		Bangladeshi	
Black African		Black Caribbean	
Chinese		Gypsy/Roma	
Indian		Pakistani	
Decline to state		Traveller Irish Heritage	
White British		White Irish	
White & Asian		White & Black African	
White & Black Caribbean			

HOME LANGUAGE			
English		Turkish	
Greek		Unclassified	
Gudjurathi			
Hindi			
Italian			
Other			
Panjabi			
Portuguese			
Spanish			

RELIGION			
Buddhist		No Religion	
Hindu		Other Religion	
Jewish		Sikh	
Muslim		Christian	

MEAL TYPE		TRAVEL	
Free School Meals		Bicycle	
School Meals		Bus	
Sandwiches		Car	
		School Bus	
		Taxi	
		Walks	

Is English an Additional Language Yes/No

DOCTOR'S NAME _____

ADDRESS _____

TELEPHONE NO _____

It is important that you give us details of any medical, dietary, special educational needs or other history we should be aware of: (this can be noted separately if you wish)

Please give the names and date of birth of any younger children likely to join the school:

Name _____ **DOB** _____

PERMISSIONS

Photographs

- From time to time press photographers will be in school to publicise an event or achievement. The staff regularly take photographs of the children to record the work they do as part of the normal curriculum. It is also possible that photographs will be published on the school website/blog.

Internet

- Children have access to the internet as part of the curriculum. The school policy follows guidance issued by the Local Authority regarding safe internet use. (Copies available from the office if required).

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Trips into the Village

- Again, as part of the normal curriculum, staff may arrange to take the children on walks around the village.

**BY SIGNING THIS FORM YOU ARE GIVING YOUR PERMISSION FOR YOUR CHILD'S
PARTICIPATION IN THE ABOVE ACTIVITIES
IF YOU HAVE ANY OBJECTIONS TO THESE ACTIVITIES WE ASK THAT YOU NOTIFY US
SEPARATELY IN WRITING PLEASE.**

FINALLY!

Hallaton parents are a tremendous support to the school in every way. We are keen to utilise the talents of our parents too and would appreciate it if you would be willing to record below your occupation and/or any specific talents you may have eg sport/arts/music/marketing etc that you would be willing to help us with should the opportunity arise.. Thank you!

Signed

Relationship to child

Date
