Poringland Primary School & Nursery Admission Form

Please complete this form, leaving any parts blank that are not relevant. If there are parts you cannot yet complete please tell the school about these when you return the form.

Details of the child to be admitted

Forename (as on Birth Certificate)	Middle name/s	Surname (Legal not preferred)

Current Home Address of Child post code		Date of Birth			
		Male		Female	

Please tick if you are currently an Armed Forces Family	
Please enter date of leaving Services if within last 4 years	

Details of the people who have legal parental responsibility for this child.

The Education Act 1996 defines a parent to include the natural parents of the child as well as a person:
(a) who is not a parent but who has parental responsibility, or (b) who has care of the child.

- **Please note this is the order we will contact in the event of an emergency. If you require a different order please let us know by contacting the office.**
- **Please PRINT clearly (especially email addresses) as this information will be used to set up your Parent Mail account**
- **Parent Mail accounts will be set up for each parent if an email address is provided**

	Relationship to your child	Mr, Ms, Mrs etc	Forename	Surname	Home address, if different from your child's
Parent/Carer					
	☎Home	☎Work		☎Mobile	
	e-mail:				

	Relationship to your child	Mr, Ms, Mrs etc	Forename	Surname	Home address, if different from your child's
Parent/Carer					
	☎Home	☎Work		☎Mobile	
	e-mail:				

	Relationship to your child	Mr, Ms, Mrs etc	Forename	Surname	Home address, if different from your child's
Parent/Carer					
	☎Home	☎Work		☎Mobile	
	e-mail:				

Provide details of other emergency contacts on next page

People other than those on first page who can be contacted in an emergency.				
Relationship to your child	Mr,Mrs etc	Forename	Surname	Home address
☎Home	☎Work		☎Mobile	
Relationship to your child	Mr,Mrs etc	Forename	Surname	Home address
☎Home	☎Work		☎Mobile	
Relationship to your child	Mr,Mrs etc	Forename	Surname	Home address
☎Home	☎Work		☎Mobile	

Other family details

Please give details of any other children currently living at your child's home(s).			
Children's names	Date of birth	Sex: M or F	School attending

Educational history

Last school or pre-school attended

The new school will obtain earlier school records from the school named below					
School name	Address				Telephone
Dates attended above school		From		To	

Doctor, health care & other specific arrangements

Name of doctor & surgery	Contact details of practice/health centre		
	Address: Telephone:		
INHALER — Does your child use one?	Yes	No	
INHALER — If yes, type of medication?			

*** * If your child is prescribed a daytime inhaler, please contact the office to request a MED1 form. This must be completed and a spare inhaler be provided on your child's first day at school * ***

Other medical information relevant to your child's development and school life e.g. hearing, sight, diabetes, epilepsy.	

Please provide details of any medicine allergies.	

I understand that every effort will be made to contact me in the event of any accident or other emergency affecting my child. In the event that I cannot be contacted I hereby give permission for any UK Accident & Emergency Unit to treat my child as they deem necessary.

Does your child have a statement of special education needs?	Yes	No

If your child has other particular needs in relation to his/her education please describe them here:

Please give details of any Special Dietary Requirements or Food Allergies your child may have? Before your child is able to be provided with any school meals it is necessary for you to agree a suitable 'special' menu with Norse. Go to www.Norsecatering.co.uk – click on 'Find Out More' in the Primary School section, scroll to bottom and select the Special Diet Registration Form.	
Please advise if you are entitled / have ever been entitled to Free School Meals	Yes / No

Ethnicity & faith - please tick the box that best describes your child's ethnicity:

White		**Chinese**	
British		Chinese	
Irish		**Black or Black British**	
Gypsy / Roma		Caribbean	
Traveller of Irish heritage		Angolan	
Albanian		Congolese	
Boznian-Herzogovenian		Ghanaian	
Croation		Nigerian	
Greek/Greek Cypriot		Sierra Leonian	
Italian		Somali	
Kosovan		Sudanese	
Portuguese		Other Black African	
Serbian		Any other black background	
Turkish/Turkish Cypriot		**Other ethnic groups**	
Eastern European		Afghan	
Western European		Arab other	
White Other		Egyptian	
Mixed		Filipino	
White and Black Caribbean		Iranian	
White and Black African		Iraqi	
White and Pakistani		Japanese	
White and Indian		Korean	
White and any other Asian background		Kurdish	
Any other mixed background		Malay	
Asian and Asian British		Moroccan	
Indian		Thai	
Pakistani		Vietnamese	
Bangladeshi		**An ethnic group not listed here**	
Any other Asian background		I do not wish to have this recorded	

Country of Birth:		Nationality:	

Religion:		What is the main language spoken at home?	

Additional Languages

At Poringland Primary School and Nursery we need to know about families who speak more than one language as well as our children who speak English as an Additional Language.

This helps us with our teaching and learning provision as well as helping celebrate the diverse languages and cultures our children have.

If your family has more than one language please complete the details below.

The EAL provision for pupils in our school is overseen by the school SENDCo, who would be happy to discuss the needs of and provision for your child in more detail.

Languages spoken at home by children and / or adults

_____

_____

At what age did your child first speak English? _____

The information you have given on this form will be held by the school and Norfolk County Council Children's Services. It will be shared with other departments within Norfolk County Council in order to provide and plan services e.g. School Transport. It will be used to administer health, social and welfare care and will be shared with healthcare advisors, practitioners and other relevant agencies. It will be forwarded to your child's new school if and when they change school. It will also be used for statutory returns and for research purposes.

All information given will be held in the strictest confidence under the requirements of the Data Protection Act 1998. For further details please see the Data Protection Act document included within the admission information given to you by the school.

I note the above statement and believe the information provided in this form to be correct as of this date. I will inform the school of any changes that occur whilst my child attends the school.			
PRINT Parent / Carer name:		Date:	