# 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<br><br>Post Code | | Date of Birth | | |
| | | Male | | Female |

| | |
|---|---|
| **Please cross 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**
- **A minimum of 2 contacts must be provided for emergency purposes**

| 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: | | | | |

| | | | | |
|---|---|---|---|---|
| Parent/Carer | | | | |
| ☎Home | ☎Work | | ☎Mobile | |
| | | | | |
| e-mail: | | | | |

| | | | | |
|---|---|---|---|---|
| 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:<br><br>Telephone: |

| | | | | |
|---|---|---|---|---|
| INHALER | Does your child use one? | Yes | No | *Delete as relevant* |
| | 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? ***Delete as relevant*** | 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?<br><br>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? _____

| 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: | |

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.