



FOUNTAINS EARTH CE PRIMARY SCHOOL

Part of the Upper Nidderdale Primary Federation

ADMISSION FORM



PUPIL DETAILS

Surname Forename

Date of Birth Other Names

Address

..... Postcode

Nationality Religion.....

First Language Ethnicity

Usual mode of transport to school (please circle): Car – Walk – School Bus – Car Share – Public Bus

We are obliged by law to record the names and addresses of all parents having a legitimate interest in the welfare and education of your child. This means not only your own name and address and that of your partner at home, but also the name and address of any other parent with whom your child no longer lives, so that they too may be consulted on any change in the nature of their child's school or education.

Parents/Carers WITH WHOM THE CHILD LIVES

1. Mr/Mrs/Ms/Miss Forename Relationship to child

2. Mr/Mrs/Ms/Miss Forename Relationship to child

Contact Telephone Numbers for 1 above:

Home Work.....

Mobile Email.....

Contact Telephone Numbers for 2 above:

Home Work.....

Mobile Email.....

Any Other Parent WITH WHOM THE CHILD DOES NOT LIVE

Mr/Mrs/Ms/Miss Forename Relationship to child

Address

..... Postcode.....

Contact Telephone Numbers

Home Work.....

Mobile Email.....

Siblings WITH WHOM THE CHILD LIVES

Name Date of Birth..... Relationship to Child.....

Name Date of Birth..... Relationship to Child.....

Name Date of Birth..... Relationship to Child.....

PREVIOUS SCHOOL/PLAYGROU/P/NURSERY ATTENDED

Name Tel No.....

Address Postcode.....

EMERGENCY CONTACTS (Other than parents i.e. Grandparent/friend that could be contacted if parent not available)

1. Name Relationship to child.....

Address

..... Postcode.....

Tel: Home Work Mobile

2. Name Relationship to child.....

Address

..... Postcode.....

Tel: Home Work Mobile

MEDICAL INFORMATION

Please give information about any medical condition of which the school should be aware including details of any treatment that may be necessary.
(Please continue on a separate sheet if needed)

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Separate sheet attached YES /NO

- Does your child wear glasses, hearing aid or any other medical aid? YES / NO

If yes, please give details.....

- Has your child suffered from asthma, eczema, hayfever, migraine, epilepsy, rheumatism, polio or diabetes? YES / NO

If yes, please give details.....

Name of Family Doctor Tel No.....

Address.....

Name of Family Dentist Tel No.....

Address.....

Please feel free to delete any of the following if you do not give your consent

- I give my permission for the school to call a doctor if necessary in an emergency
- I give my permission for the school to call a dentist if necessary in an emergency
- I am in agreement that the school may give permission for my child to receive any medical treatment considered necessary by the medical authorities present.
- I give my permission for the school to administer general first aid.
- I give my consent to data exchange with the local authority and health professionals.
- I give my consent for my child to have supervised internet access.
- I give my consent to photographs being taken of my child and used for school purposes.

Signed **Date**

Relationship to child