# Buckinghamshire County Council

## ADMISSION FORM [CONFIDENTIAL]

**School Name:** Steeple Claydon School & Pre-School

*Schools are required by law to keep on record details of children admitted. We should therefore be grateful if you would complete this form in BLOCK CAPITALS and hand it into the school office when your child is admitted. Your child's birth certificate/passport should be presented for copying and placing on file at the time of your child's admission to primary education.*

### STUDENT

**Legal Forename** _____

**Middle name(s)** _____

**Legal Surname** _____

**Preferred Surname** _____

**Preferred Forename** _____

**Date of birth** _____

**Gender** *Male / Female*

### ADDRESS

**Main** *(Home address)*

**Apart or Name** _____

**House No** _____

**Street** _____

**District** _____

**Town** _____

**Postcode** _____

**Alternative** *(Non term time)*

**Apart or Name** _____

**House No** _____

**Street** _____

**District** _____

**Town** _____

**Postcode** _____

*If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name and address of the person with whom the child normally resides:*

**Reason** _____ **Dates Applicable** _____

**Forename** _____ **Surname** _____

**Address** _____

*It would be very helpful to have available the details of any siblings who are currently attending, have attended this school, or are likely to join this school at a later date.*

| Forename | Surname | Date of Birth | Current School |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Version 11.0*

**Parent/Carer 1 - Title** *(please circle or state)* **Mr /Mrs /Miss/Other** _____

**Legal Forename** _____

**Middle Name(s)** _____

**Legal Surname** _____

**Gender** _____

**Year of birth** _____

**Relationship to child** _____

**Parental Responsibility?** Yes ❒ No ❒

**Contact Priority** (*please circle)* *1 / 2 / 3 / 4*

Please tick the box for your priority tel number

**Home Tel** _____ ❒

**Mobile** _____ ❒

**Work** _____ ❒

**Email** _____

**Address** *(if different to pupil)*

**Apartment / House Name / House No** _____

**Street** _____

**District** _____

**Town** _____

**Postcode** _____

**Parent/Carer 2 - Title** *(please circle or state)* **Mr /Mrs /Miss/Other** _____

**Legal Forename** _____

**Middle Name(s)** _____

**Legal Surname** _____

**Gender** _____

**Year of birth** _____

**Relationship to child**

**Parental Responsibility?** Yes ❒ No ❒

**Contact Priority** *(please circle)* *1 / 2 / 3 / 4*

Please tick the box for your priority tel number

**Home Tel** _____ ❒

**Mobile** _____ ❒

**Work** _____ ❒

**Email** _____

**Address** *(if different to pupil)*

**Apartment / House Name / House No** _____

**Street** _____

**District** _____

**Town** _____

**Postcode** _____

**Please attach a copy of any court orders relating to your child. Please tick if attached** ❒

**OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989**

*Parental responsibility may be shared between a number of people beyond the child's natural parents, for example those with a Parental Responsibility Order. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested.*

**Is the child resident with foster parents:**

Yes ❒ No ❒

**If *'yes'*; which Authority is financially responsible for maintenance?**

**Title** *(please circle or state)* Mr /Mr /Miss/Other _____

**Legal Forename** _____

**Middle Name(s)** _____

**Legal Surname** _____

**Gender** _____

**Year of birth** _____

**Relationship to child** _____

**Contact Priority** *(please circle)* *1 / 2 / 3 / 4*

Please tick the box for your priority tel number

**Home Tel** _____ ❒

**Mobile** _____ ❒

**Work** _____ ❒

**Email** _____

**Address** *(if different to pupil)*

**Apartment / House Name / House No** _____

**Street** _____

**District** _____

**Town** _____

**Postcode** _____

*From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below (in order of preference) the all details of any additional person(s) from those above who we can contact on such an occasion.*

| | | | |
|---|---|---|---|
| **Contact Priority** | _____ | _____ | _____ |
| **Title** | Mr /Mrs /Miss/Other _____ | Mr /Mrs /Miss/Other _____ | Mr /Mrs /Miss/Other _____ |
| **Legal Forename** | _____ | _____ | _____ |
| **Legal Surname** | _____ | _____ | _____ |
| **Relationship to child** | _____ | _____ | _____ |
| **Address** | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| **Home Tel** | _____ | _____ | _____ |
| **Mobile** | _____ | _____ | _____ |

# MEDICAL INFORMATION

*Knowledge about your children's health is vital if we are to help them to achieve their potential educationally. Would you please supply the following medical information about your child. This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially, please contact the School Nurse.*

## DIETARY NEEDS

| | | | |
|---|---|---|---|
| ❒ Artificial colour allergy | ❒ Gluten Free | ❒ Kosher food only | ❒ No dairy produce |
| ❒ No nuts of any type/quantity | ❒ No pork | ❒ Ramadan | ❒ Seafood allergy |
| ❒ Vegetarian | ❒ Halal | ❒ Other (please specify) _____ | |

## MEDICAL PRACTICE

| | |
|---|---|
| **Surgery Name:** | **Surgery Telephone Number:** |

## MEDICAL CONDITIONS

**Does your child suffer from?**

| | | | |
|---|---|---|---|
| | ❒ Asthma | ❒ Epilepsy | ❒ Diabetes |
| ❒ Bowel or bladder problems | ❒ Eczema | ❒ Any other medical condition _____ | |

**Do you consider your child to have a disability? Yes / No** *If Yes, please select all that apply from the list below.*

*A child is considered to have a disability if their parent indicates substantial and/or long term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.*

| | | | |
|---|---|---|---|
| ❒ Mobility | ❒ Hand Function | ❒ Personal Care | ❒ Eating and drinking |
| ❒ Medication | ❒ Incontinence | ❒ Communication | ❒ Learning |
| ❒ Hearing | ❒ Vision | ❒ Behaviour | ❒ Consciousness e.g. seizures |
| ❒ ASD/Aspergers | ❒ Palliative care needs | ❒ Other Disability/Health problem _____ | |

**Does your child attend any medical clinics? - Yes / No** *If Yes, please give details in the box below*

If you have ticked any of the above boxes, please give further details below:-

If your child is on regular medication, does it need to be given during school hours? – **Yes / No**

If Yes please discuss with the Headteacher.

# ETHNIC/CULTURAL INFORMATION

*The Department for Education (DfE) has asked for the collection of the following information for all pupils.*

## ETHNICITY

**White**
- ❒ British
- ❒ Irish
- ❒ Traveller of Irish Heritage
- ❒ Gypsy/Roma
- ❒ Any other white background

**Mixed**
- ❒ White & Black Caribbean
- ❒ White & Black African
- ❒ White & Asian
- ❒ Any other mixed background

**Other**
- ❒ Chinese
- ❒ Any other ethnic group
- ❒ I do not wish an ethnic background category to be recorded

**Asian or Asian British**
- ❒ Indian
- ❒ Pakistani
- ❒ Bangladeshi
- ❒ Any other Asian background

**Black or Black British**
- ❒ Caribbean
- ❒ African
- ❒ Any other Black background

**Child's Country of Birth** _____ **Child's Nationality** _____

**FIRST LANGUAGE –** *The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community.*

| | | | | |
|---|---|---|---|---|
| ❒ Arabic | ❒ Bengali | ❒ Chinese Cantonese | ❒ Chinese Mandarin | ❒ Dutch |
| ❒ English | ❒ French | ❒ German | ❒ Greek | ❒ Gujarati |
| ❒ Hindi | ❒ Italian | ❒ Japanese | ❒ Panjabi (Gurmukhi) | ❒ Panjabi (Mirpuri) |
| ❒ Pashto | ❒ Polish | ❒ Portuguese | ❒ Shona | ❒ Spanish |
| ❒ Swahili | ❒ Tagalog/Filipino | ❒ Tamil | ❒ Thai | ❒ Turkish |

❒ Urdu ❒ Vietnamese ❒ Other (Please specify) _____

❒ I do not wish a first language to be recorded

**RELIGION**

| | | | | |
|---|---|---|---|---|
| ❒ Anglican | ❒ Baptist | ❒ Buddhist | ❒ Christian | ❒ Church of England |
| ❒ Hindu | ❒ Jehovah's Witness | ❒ Jewish | ❒ Methodist | ❒ Mormon |
| ❒ Muslim | ❒ Plymouth Brethren | ❒ Quaker | ❒ Roman Catholic | ❒ Sikh |
| ❒ United Reform Church | ❒ No Religion | ❒ I do not wish a religion to be recorded | ❒ Other (Please specify) _____ | |

## ADDITIONAL INFORMATION

**MEALS**

| | | | |
|---|---|---|---|
| ❒ Eligible for Free Meals | ❒ Goes Home | ❒ Packed Lunch | ❒ Paid School Meals |

**TRAVEL TO SCHOOL** - *Please tick your child's usual main mode of travel. If the journey to school involves more than one mode of travel tick the mode used for the greatest part, by distance, of the journey.*

| | | | |
|---|---|---|---|
| ❒ Walk | ❒ Cycle | ❒ Car/Van | ❒ Car Share (with a child/children from a different household) |
| ❒ Public service bus | ❒ Dedicated school bus/coach | ❒ Bus (type not known) | ❒ Taxi |
| ❒ Train | ❒ London Underground | ❒ Metro/Tram/Light Rail | ❒ Other |

| **FOR SCHOOL USE ONLY** | ❒ LA provided transport | Route |
|---|---|---|

**Service Children in Education Indicator** – are one or both parents Service personnel, serving in regular military units of any of the HM Forces, or in the Armed Forces of another nation and stationed in England and exercising parental care and responsibility?

❒ Yes ❒ No ❒ I do not wish to answer this question

## PREVIOUS SCHOOL HISTORY

| School, Pre-School or Nursery | Town/City | Start Date (dd/mm/yy) | Leaving Date (dd/mm/yy) | Reason for Leaving |
|---|---|---|---|---|
| | | | | |
| | | | | |

*For pupils being admitted into **the Reception Year only**, please include the number of terms spent in pre-school education, where known:-_____terms.*

## PARENTAL DECLARATION

**DATA PROTECTION STATEMENT:** *The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database.*

*Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data.*

**DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:**

*I declare the above information to be correct to the best of my knowledge at the time of completion.*

*I agree to notify the school of any change in my child's circumstances.*

Signed: _____ Date: _____

**FOR SCHOOL USE ONLY**

**Registration Group:** _____ **House:** _____

*** NC Year Group:** _____ *** Year Taught in:** _____

*** Enrolment Status:** _____ **Boarder Status:** _____

*** Admission Date:** _____ **Admission No:** _____

**UPN:** _____ **Attendance mode:** _____

**Birth Certificate/Passport seen and copied:** ❒ *(Infant/Combined Schools only)* **required fields for SIMS*