NORTH LEIGH CE PRIMARY SCHOOL

PUPIL ENROLMENT FORM

Please complete each side of this form for your child. The information will be used for administrative purposes within this school. The provision of accurate information helps this school to see that your child and other children get the best from their schooling. It is important that you tell us if there are any changes to the information you give and we will ask you annually to confirm that all information is correct.

Section 1: CHILD'S DETAILS			
Legal Surname		First Name	
Preferred Surname (if different)		Preferred First Name (if different)	
Middle Name		Male/Female	
Date of Birth			

House No/Name		Street	
Town		County	
Post Code		Is this the pupils home address? YES/NO	

Additional Pupil Address			
House No/Name		Street	
Town		County	
Post Code			

Nationality	
Country of Birth	

If your child has siblings already at our school, please provide their name(s)

Section 2: CONTACT DETAILS
To fulfil the provisions of the Education (Pupil Registration) Regulations, the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent of a pupil. Please note that this includes mother, married father (even if separated or divorced from the mother), unmarried father (provided parental responsibility is obtained either by formal written agreement of the mother or by court order), any person who has a residence order in relation to the child, any person who has actual care of the child**. (If any parents who do not live with the pupil wish to receive copies of school correspondence eg newsletters, pupil reports, please notify the school).**

CONTACT 1			
Mr/Mrs/Ms/Other		Male/Female	
Surname		Forename	
Relationship to pupil eg mother, father etc			
Does this contact have parental responsibility? YES/NO			

House No/Name		Street	
Town		County	
Post Code			

Home Phone Number		Mobile Phone Number	
Work Phone Number		Alternative Number	
Email Address:			
First Language		Is a translator required? YES/NO	

CONTACT 2			
Mr/Mrs/Ms/Other		Male/Female	
Surname		Forename	
Relationship to pupil eg mother, father etc			
Does this contact have parental responsibility? YES/NO			

House No/Name		Street	
Town		County	
Post Code			

Home Phone Number		Mobile Phone Number	
Work Phone Number		Alternative Number	
Email Address:			
First Language		Is a translator required? YES/NO	

CONTACT 3			
Mr/Mrs/Ms/Other		Male/Female	
Surname		Forename	
Relationship to pupil eg mother, father etc			
Does this contact have parental responsibility? YES/NO			

House No/Name		Street	
Town		County	
Post Code			

Home Phone Number		Mobile Phone Number	
Work Phone Number		Alternative Number	
Email Address:			
First Language		Is a translator required? YES/NO	

Section 3: MEDICAL INFORMATION

Knowledge about children's health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child. This information will be available to all relevant school staff and to the School Health Nurse Service and any other National Health Service professionals as required.

GP Name		Telephone Number	
Surgery Name and Address			
Post Code			

In the event of an emergency, do we have your consent to contact your child's medical practice directly?	**YES** ☐	**NO** ☐

Has your child had his/her pre-school booster?	YES/NO Don't Know
Do you give consent to your child's vision being screened by the School Health Nursing Service?	YES/NO

Does your child suffer from:		**Does your child have any problems with:**	
Asthma*	YES/NO	Mobility	YES/NO
Epilepsy*	YES/NO	Behaviour	YES/NO
Diabetes*	YES/NO	Hearing	YES/NO
Bowel or Bladder Conditions*	YES/NO	Speech	YES/NO
Serious Allergies*	YES/NO	Vision	YES/NO
Any Other Medical Conditions*	YES/NO		

*a list of children with these conditions will be displayed on staff notice boards.

Does your child have special educational needs?	YES/NO
Does your child wear glasses?	YES/NO
Does your child need regular medication on prescription?	YES/NO
Does your child need medication during school hours?	YES/NO
Does your child suffer from any condition which may affect his/her participation in PE/sport/swimming?	YES/NO

If you have answered Yes to any of the above, please give details below:

Would you like the opportunity to discuss your child's health with the school?	YES/NO
Would you like the opportunity to discuss your child's health with the School Health Nurses?	YES/NO

Section 4: ETHNIC MONITORING

Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the School's equal opportunities policies and practices in maximising your child's progress and achievement.

White British		Indian	
White Irish		Pakistani	
Traveller of Irish Heritage		Any other Asian Background	
Any Other White Background		Black African	
Gypsy/Roma		Black Caribbean	
Mixed – Any Other Mixed Background		Any Other Black Background	
Mixed – White and Asian		Chinese	
Mixed – White and Black Caribbean		Any Other Ethnic Group	
Bangladeshi		Prefer Not To Answer	

First Language	
Home Language	
Is English an Additional Language	YES/NO
Any Additional Languages	

Please tick your child's religion (optional). Please tick one box only.			
Christian		Jewish	
Muslim		Buddhist	
Hindu		Other	
Sikh		No Religion	

SECTION 5: MEALS

Children in Reception, Year 1 and Year 2

With effect from September 2014, all children in Reception, Year 1 and Year 2 will be entitled to a hot meal each day free of charge. Please can you indicate below your likely preference (please note that meals should be ordered on line and details about this are given out separately).

My child will be having a hot meal every day/most days	YES/NO
My child will be bringing in their own packed lunch every day/most days	YES/NO

Children in Years 3, 4, 5 and 6

Please indicate which type of meal your child will usually have at school:

Free School Meal		Packed Lunch		Paid School Meal	

Please state below any food allergies or dietary requirements eg vegetarian

(Please note that there are pupils at our school with serious nut allergies and therefore we ask that nuts are **NOT** included in school lunch boxes or snacks).

Section 6: Additional Information

Please answer the following (this information is really important to the school's funding)

By law, children in families claiming Income Support, Income Based Jobseeker's Allowance or Universal Credit are entitled to free school meals (provided evidence of these benefits has been made available to the school if requested). Even if your child will not be taking free school meals, it is important that we have this information since it affects our funding and the way in which the school's performance in tests and examinations is compared with that in other schools. We will ask this question again from time to time to ensure that our records are accurate.

Are you a services family?	YES/NO
Are you receiving Income Support/Job Seekers Allowance? If you answer yes, you may be entitled to free school meals for your child. Please ask for further information.	YES/NO

How will your child travel to school generally? Please tick one box only.					
Walk		Car		Bicycle	
Bus		Taxi		Other	

If this child is in care, please give details below:	
Start of Placement	
Care Authority	

Section 7: PREVIOUS SCHOOLS

Please give details of all previous educational settings (Private Nursery, Pre-School, Primary School) attended by your child

Name of School or Pre-School Setting			
Address			
Date of Arrival		Date of Leaving	
Reason for Leaving			

Name of School or Pre-School Setting			
Address			
Date of Arrival		Date of Leaving	
Reason for Leaving			

Section 8: YOUR SIGNATURE

Signed	Date
Name (in block capitals)	

For school use only

UPN:…… Admission Date:…… Admission Number: ……

Emergency Consent: ☐ Permissions: ☐