



# Admission Booklet

Please complete all sections of this form

Student Information

Legal Surname.....

Legal Forename.....

(As stated on their Birth Certificate, or on Deed Poll documentation)

I attach a copy of my child’s LONG VERSION Birth Certificate (detailing parent names) and, if relevant, a copy of Deed Poll document.

I attach 1 copy of proof of address

Previous School or Nursery/Playgroup	Telephone Number:
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Male/Female		Date of Birth	
Preferred Forename		Preferred Surname	
Home Language		Home/Mobile Telephone Number	
Home Address			

Sibling(s) currently attending Welbourne Primary School:  
(Child’s Name)..... (Class).....

## Student Information

### Parent/Carer 1

Mr/Mrs/Miss/Ms Forename..... Surname.....  
(Delete as appropriate)

Relationship to Student.....

Address if different from Student.....

First Language..... Parental Responsibility Yes/No Date of Birth.....

### Parent/Carer 2

Mr/Mrs/Miss/Ms Forename..... Surname.....  
(Delete as appropriate)

Relationship to Student.....

Address if different from Student.....

First Language..... Parental Responsibility Yes/No Date of Birth.....

## Email Communication - Parent Registration

Welbourne Primary School uses an email communication system between the school and parents. This system will only be used for authorised school communication.

If you have an email address, please enter this below in order for you to be registered for communications.

- Please list your email address where you wish to receive emails to be sent
- Please write in clear block capitals
- Inputting your email address, you are giving permission for us to contact you via email for all correspondence.

Parent's Full Name	Parent Email Address

I do not have an email address and will require paper copies of communication.

## Emergency Contacts

These should be put in the order you wish to be contacted in case of illness/emergency. **(Mother & Father should be first priority)**

I confirm I have requested permission from all the people listed below to be contacted in case of emergency.

1	Name..... Relationship..... Home Tel No..... Work Tel No..... Mobile No.....
2	Name..... Relationship..... Home Tel No..... Work Tel No..... Mobile No.....
3	Name..... Relationship..... Home Tel No..... Work Tel No..... Mobile No.....
4	Name..... Relationship..... Home Tel No..... Work Tel No..... Mobile No.....

## Medical Information

Doctor's Practice.....

Address & Telephone No.....

Medical Conditions.....

Medical Allergies.....

(ie) Asthma, migraines, diabetes etc

Food Allergies/Dietary Information.....

(ie) Lactose intolerance, Vegetarian etc

Any other information.....

**Ethnic Origin**

White	✓	Mixed	✓	Asian or Asian British	✓
British Irish Traveller of Irish Heritage Gypsy/Roma Italian European Other Portuguese		White/Black Caribbean White/Black African White/Asian Any other mixed background  <b>Black or Black British</b> Caribbean African Any other black background		Indian Pakistani Bangladeshi African Asian Other  <b>Chinese</b> <b>Any other ethnic background</b> <b>Do not wish to specify</b>	

Nationality..... Religion.....

Date of arrival to Britain if not born in the UK.....

Country of Birth..... Mode of Travel to School.....

**Armed Forces Funding**

The Department for Education provides extra funding to schools for each student on roll whose parent is a member of the armed forces or has been within the the last 4 years. Please indicate below if you come under the following criteria:

- I currently work for the Ministry of Defence (Air Force, Navy, Army, Personnel Status Category 1 or 2) and reside with my child(ren).
- I used to work for the Ministry of Defence (Air Force, Navy, Army, Personnel Status Category 1 or 2) and reside with my child(ren) and ceased this employment on the following date.....

Name of Parent in the Armed Forces	
Relationship to Child	

**Consent Section**

I do/do not give permission for first aid to be administered to my child  
Signature Parent/Carer.....

I do/do not give permission for my child's images & recordings to be used within the school environment  
Signature Parent/Carer.....

I do/do not give permission for my child's images & recordings to appear on the school website & advertised in local newspapers  
Signature Parent/Carer.....

I do/do not give my child the right to internet access in school  
Signature Parent/Carer.....

I do/do not give permission to contact my child's GP  
Signature Parent/Carer.....

I do/do not give permission for my child to go on local walks  
Signature Parent/Carer.....

I confirm that all the information on this form is correct and agree to inform the school of any changes which may occur.

**Office Use Only**

Start Date.....

Year Group.....

UPN.....

CTF Received.....