



# Ellistown Primary School

## Pupil Admission Form

This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 1988.

Data on this form will be shared with the local authority where necessary.

Please provide as much information as possible about your **child**.

Legal Surname:..... Legal Forename:.....

Gender: (M/F)..... Date of Birth:.....

Preferred Surname: ..... Preferred Forename:.....

Middle names:.....

Home Address:.....  
.....

Post Code.....

### Contact Information for Parent / Guardian.

Title Surname:..... Forename:.....

Mobile No: ..... Home No:.....

Work No : ..... Email: .....

Home Address if different from above:.....  
.....

Post Code:..... Relationship to child: .....

Parent Responsibility: Yes / No Priority: 1 / 2 / 3 / 4

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 Post Code:..... Relationship to child: .....  
 Parent Responsibility: Yes / No Priority: 1 / 2 / 3 / 4

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 Mobile No: ..... Home No:.....  
 Work No : ..... Email: .....  
 Home Address if different from above:.....  
 .....  
 Post Code:..... Relationship to child: .....  
 Parent Responsibility: Yes / No Priority: 1 / 2 / 3 / 4

### Medical Information

Dietary Requirements: Please tick any of the following that applies  
 Artificial Colouring Allergy: ..... No Pork: ..... Dairy Produce: .... Gluten Free: ..... Halal: .....  
 Kosher Foods Only: ..... No Nuts Of Any Type: ..... Vegetarian: ..... Seafood Allergy: .....  
 Any Other Please Specify.....

Medical Practice: .....

Medical Practice Address: .....

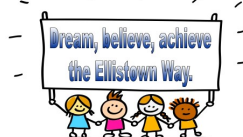
Telephone No: ..... Doctor: .....

### Does your child suffer with any medical conditions that the school should be aware of?

Please specify:  
 .....  
 .....

Does your child need any medicines to be kept at school? Yes..... No.....

If you have answered YES please specify below:  
 .....



## Ethnicity / Cultural Information

Please tick any of the following that applies

### White

British .....

Irish .....

Traveller of Irish Heritage .....

Gypsy / Roma .....

### Asian or Asian British

Indian .....

Pakistani .....

Bangladeshi .....

Any other Asian background .....

Chinese .....

I do not wish for an ethnicity background category to be recorded .....

### Mixed

White & Black Caribbean .....

White & Black African .....

White & Asian .....

Any other mixed background .....

### Black or Black British

Caribbean .....

African .....

Any other Black background .....

Any other ethnic background .....

### Nationality.....

I do not wish for my child's religion to be recorded .....

### Religion.....

I do not wish for my child's religion to be recorded .....

## Language.

A First Language other than English should be recorded where a child was exposed to the language during early development continues to be exposed to this language in the home or the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.

Child's First Language: .....

Other Languages Spoken: .....

.....

