

Keir Hardie Primary School
New Pupil Admission Form



CHILD'S DETAILS

Name of Child Known as

Gender Male / Female Date of Birth Place of Birth

Address House allocated

Position of Child in family 1 2 3 4 5 6 7 8 9 out of ____

Do any of your other children attend this school? YES/NO

If YES please give details

Previous Education

Please give details below of all schools attended including Nursery and schools attended abroad.

Name of school	Address of school	From	To	Reason for leaving

LUNCHTIME PROVISION

SCHOOL MEAL PL

Is your child eligible for FSM? YES/NO PROOF SEEN

Dietary Requirements

Food Allergy

Vegetarian Halal Other

MODE OF TRAVEL

How will your child usually travel to school?

Walk Cycle Bus Train Car

Does your child have any particular interests/attend any clubs outside of school? Does your child have any particular strengths?

PARENT DETAILS

Mother's Name Language(s) spoken

Address if different from above Home Tel:
Mobile:
E-mail:

Father's Name Language(s) spoken

Address if different from above Home Tel:
Mobile:
E-mail:

Do parent/carers speak/understand English? YES/NO/A LITTLE Is an interpreter required for meetings? YES/NO

Who has parental responsibility? Mother Father Both Other Local Authority

If 'Other' or 'Local Authority', please give details, including relationship to child.

Is there a Court Order regarding parental responsibility? YES (Copy Attached)/NO

EMERGENCY CONTACT DETAILS

Name (1) Gender Male/Female

Address Home Tel:
Mobile Tel:
Work Tel:
Email:

Relationship to child Language Spoken

Name (2) Gender Male/Female

Address Home Tel:
Mobile Tel:
Work Tel:
Email:

Relationship to child Language Spoken

Keir Hardie Primary School also has a Children's Centre. Would you be happy to receive information about free services and activities from our Children's Centre? Yes No

ETHNIC/CULTURAL

Please study the list below and circle one ethnicity only to indicate the ethnic background of the child named above. If you wish, write in more detail in the space provided.

White

- *British
- *Irish
- *Traveller of Irish Heritage
- *Gypsy/Roma

Other White Background

- *Kosovan
- *Turkish/Turkish Cypriot
- *White Eastern European
- *Any other White background

Asian or Asian British

- *Indian
 - *Pakistani
 - *Bangladeshi
 - *Sri Lankan Tamil
 - *Any other Asian background (please write)
-

Black or Black British

- *Caribbean
 - *African – Nigerian
 - *African – Somali
 - *Other Black African
 - *Any other black background (please write)
-

*I do not wish an ethnic background category to be recorded

Child's First Language

Home Language

Is the child able to speak/understand English? YES/NO/A LITTLE

Religion

Has your child ever lived in another country? YES/NO

Country	From	To

Date of arrival in Britain

Does the Home Office recognise the child's parent/carers as refugees/asylum seekers? YES/NO

Mixed

- *White and Black Caribbean
 - *White and Black African
 - *White and Asian
 - *Any other mixed background (please write)
-

Other Ethnic Backgrounds

- *Chinese
 - *Afghani
 - *Filipino
 - *Kurdish
 - *Iranian
 - *Iraqi
 - *Other Arab background (please write)
-

- *Vietnamese
 - *Latin, South or Central American
 - *Any other ethnic group (please write)
-

MEDICAL DETAILS

Doctor's Name: _____ Telephone Number: _____

Address: _____

Dentist's Name: _____ Telephone Number: _____

Address: _____

Does your child have a medical condition? (These could include asthma, fits, eczema, allergies, bedwetting or soiling)

Does your child require medication?

Health Centre Book seen YES/NO Is your child up to date with all immunisations? YES/NO

Have you ever refused any immunisations for your child? If so, which?

ADDITIONAL INFORMATION

1. Circle the amount of language your child uses;
 - No words
 - Single words
 - Short phrases
 - Sentences
2. What toys does your child like to play with?
3. Do they play with a variety of different toys? YES/NO
4. Has your child ever been to the Child Development Centre at West Ham Lane near Stratford? YES/NO
5. If YES, what was it for?
 - Are you concerned about your child's development? YES/NO
 - If YES what are you concerned about?
 - Is your child toilet trained? YES/NO
6. Has your child been seen by the Health Visitor? YES/NO
 - Date of last visit?

SPECIAL EDUCATIONAL NEEDS

Is the child on the Special Educational Needs Code of Practice? YES/NO

If YES please circle the category School Action / School Action Plus / Statement Date_____

Do you have any concerns about your child's learning needs? YES/NO

If YES please give details

Does the child have a physical disability? YES/NO

If YES please give details

Do you have any concerns about your child's behaviour at home or in school? YES/NO

If YES please give details

Has the child ever been excluded from any school? (Fixed Term or Permanent) YES/NO

If YES please give details

Data Protection Act 1998

The information provided on this form will be used to monitor student performance whilst studying at Keir Hardie Primary School, and for administration and educational research purposes. This information will also be disclosed to other professional bodies in order to effectively manage the provision of education services. If you require further information please contact the Head teacher.

SIGNED _____
(parent/carer)

SIGNED _____
(on behalf of Keir Hardie Primary School)

Date _____

FOR OFFICE USE ONLY

Start Date: _____

Class: _____ **Year:** _____ **Teacher:** _____

Birth Certificate seen and copy taken School consent form signed

Passport seen and copy taken

Home Office document seen and copy taken (if appropriate) EAL YES/NO

Proof of address seen:

Council Tax Bill Utility Bill Tenancy agreement Other

Home visit required? YES/NO