

# PRIMARY ADMISSION FORM

Please complete this form in BLOCK CAPITALS and black ink



## 1. PUPIL BASIC DETAILS

Legal Forename	<input type="text"/>	Preferred Forename	<input type="text"/>
Legal Surname	<input type="text"/>	Preferred Surname	<input type="text"/>
Middle Name/s	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Of Birth	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y		
House Number	<input type="text"/>	Flat Number / Name	<input type="text"/>
Street	<input type="text"/>		
Town	<input type="text"/>		
Postcode	<input type="text"/>		

## 2A. PARENT/CARER CONTACT DETAILS

### PLEASE

- Detail below the order of contact priority in case of an emergency. For safeguarding purposes, we require a minimum of 2 contacts.
- Ensure that consent is given before entering personal details.
- Ensure you provide us with a current email address and mobile number as we communicate with parents/carers via email and text.
- Notify us of any changes as we need to be able to contact the relevant person quickly if your child is ill.
- Note that all correspondence and pupil reports will be sent to Priority Contact 1. If duplicate copies of pupil reports and/or correspondence are required, please indicate this by ticking the appropriate box(es) below.

### PRIORITY CONTACT 1

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Flat Number / Name	<input type="text"/>
Forename	<input type="text"/>	House Number	<input type="text"/>
Surname	<input type="text"/>	Street	<input type="text"/>
1st Contact Number	<input type="text"/>	Town/City	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Postcode	<input type="text"/>
2nd Contact Number	<input type="text"/>	Relationship to pupil	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Email	<input type="text"/>
3rd Contact Number	<input type="text"/>	<input type="checkbox"/> Parental Responsibility	<input type="checkbox"/> Requires Pupil Reports
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Member of the armed forces	<input type="checkbox"/> Requires Correspondence
		<input type="checkbox"/> Court Order Restricted Access	

### PRIORITY CONTACT 2

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Flat Number / Name	<input type="text"/>
Forename	<input type="text"/>	House Number	<input type="text"/>
Surname	<input type="text"/>	Street	<input type="text"/>
1st Contact Number	<input type="text"/>	Town/City	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Postcode	<input type="text"/>
2nd Contact Number	<input type="text"/>	Relationship to pupil	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Email	<input type="text"/>
3rd Contact Number	<input type="text"/>	<input type="checkbox"/> Parental Responsibility	<input type="checkbox"/> Requires Pupil Reports
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Member of the armed forces	<input type="checkbox"/> Requires Correspondence
		<input type="checkbox"/> Court Order Restricted Access	

## 2B. ADDITIONAL CONTACT DETAILS

### PRIORITY CONTACT 3

Salutation  Mr  Mrs  Miss  Ms

Forename

Surname

Relationship to pupil

1st Contact Number

Mobile  Home  Work

2nd Contact Number

Mobile  Home  Work

Parental Responsibility  Requires Pupil Reports  
 Court Order Restricted Access  Requires Correspondence

### PRIORITY CONTACT 4

Salutation  Mr  Mrs  Miss  Ms

Forename

Surname

Relationship to pupil

1st Contact Number

Mobile  Home  Work

2nd Contact Number

Mobile  Home  Work

Parental Responsibility  Requires Pupil Reports  
 Court Order Restricted Access  Requires Correspondence

## 2C. FAMILY LINKS

PLEASE Provide the legal name, year group and TICK Male or Female of any siblings or other family members attending the School

Relationship to pupil

Legal Forename

Legal Surname

Year

Gender  Male  Female

Relationship to pupil

Legal Forename

Legal Surname

Year

Gender  Male  Female

## 3. ETHNIC/CULTURAL INFORMATION

To help in monitoring Equal Opportunities please TICK below for both Ethnicity and Religion in relation to your child.

<input type="checkbox"/> White – British	<input type="checkbox"/> Black – Caribbean	<input type="checkbox"/> Asylum Seeker
<input type="checkbox"/> White – Irish	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Refugee
<input type="checkbox"/> White/Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Prefer Not To Say
<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Please Specify
<input type="checkbox"/> White/Asian	<input type="checkbox"/> Gypsy/Roma	<input type="text"/>
<input type="checkbox"/> Black – African	<input type="checkbox"/> Traveller Irish Heritage	

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> No Religion
<input type="checkbox"/> Catholic	<input type="checkbox"/> Jewish	<input type="checkbox"/> Refused
<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Other Please Specify
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh	<input type="text"/>

Country of birth

Nationality

First Language

Home Language

English as an Additional Language  Yes  No

#### 4. MEDICAL INFORMATION

Doctor/Surgery Name

Doctor/Surgery Telephone

Doctor/Surgery Address

Are any other agencies working with your child?  
E.g. Speech Therapist, Social Worker

The Equality Act defines a disabled person as anyone who has, or has had, a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities. The School has a duty to make reasonable adjustments.

Do you consider your child to have a disability? Yes No  
 Yes  No

Does your child have any long term health condition, allergy or dietary requirement that the School needs to be made aware of?

- |   |   |
|---|---|
| <input type="checkbox"/> No long term health conditions | <input type="checkbox"/> Gastroenterology     |
| <input type="checkbox"/> Allergy - Food                 | <input type="checkbox"/> Hematology           |
| <input type="checkbox"/> Allergy - Medicine             | <input type="checkbox"/> Mental Health        |
| <input type="checkbox"/> Allergy - Other                | <input type="checkbox"/> Neurology            |
| <input type="checkbox"/> Cardiology                     | <input type="checkbox"/> Ophthalmology        |
| <input type="checkbox"/> Dermatology                    | <input type="checkbox"/> Respiratory          |
| <input type="checkbox"/> Dietary Need                   | <input type="checkbox"/> Rheumatology         |
| <input type="checkbox"/> Endocrinology                  | <input type="checkbox"/> SEN (e.g. ASD, ADHD) |
| <input type="checkbox"/> ENT                            | <input type="checkbox"/> Other                |

If yes, in the space below please advise of any medical condition, including further information such as auxiliary aids required, dietary requirements and any emergency action that should be taken (e.g. Asthma, Epilepsy, Coeliac Disease).

*If you require additional space, please attach a separate sheet, ensuring to include your child's name on the additional sheet.*

I agree for first aid to be administered or an ambulance called if necessary. Yes No  
 Yes  No

Is your child allergic to plasters?  Yes  No

Do you permit staff to apply plasters if necessary?  Yes  No

My child suffers from 'photo induced epilepsy'.  Yes  No

If yes, I give permission for him/her to use computers in School.  Yes  No

Does your child require medication to be administered by the School? *If yes, please contact the School Office to obtain a Medication Consent Form*  Yes  No

#### 5. ADDITIONAL INFORMATION

Previous School

Reason for leaving

Start date  D  D /  M  M /  Y  Y

Leave date  D  D /  M  M /  Y  Y

Was your child in receipt of free school meals at their previous School? Yes No  
 Yes  No

Is your child adopted?  Yes  No

Is your child in local authority care?  Yes  No

Does your child have an Educational Health Care Plan?  Yes  No

Usual mode of travel to the School (please indicate)

Bus  Walk  Bicycle  Car  Other

## 6. CONSENT PREFERENCES

You have choice and control over how the School uses some of your personal data. You may withdraw these consent preferences at any time. Further information about how to do this can be found below.

In some cases the School will want to contact you to tell you about School events, news, and general updates. Please state if you would like to receive these communications.

Text message     Email     Social Media     Hard Copy (Post)     I do not wish to receive any non essential communications

The School uses biometric recognition for some of its systems (e.g. cashless catering and library management). Do you agree for your child's biometric data to be obtained and stored for these purposes? Yes  No

The School/Trust would like to use photographs, quotes and video images of your child to promote the School/Trust and its activities. If you agree to your child's full name being published tick 'Yes - Identified'. If you agree to your child's photograph/quote/video image being published without their name tick 'Yes - Unidentified'.

	Yes - Identified	Yes - Unidentified	No
Do you consent to your child's photograph, quote and video image being used in the School's prospectus, newsletters, associated print, videos, website or social media pages?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do you consent to visual recordings of your child being made and stored securely in the School?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do you consent to your child's photograph and video image being published in the media?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

To withdraw or change your consent preferences above please email [Schoolrecords@carletonpark.patrust.org.uk](mailto:Schoolrecords@carletonpark.patrust.org.uk)

To find out more about how our School uses your personal data then please see our privacy notice which can be found on [https://www.pontefractacademiestrust.org.uk/?page\\_id=3213](https://www.pontefractacademiestrust.org.uk/?page_id=3213)

## 7. PARENT/CARER SIGNATURE

I certify that to the best of my knowledge, the information given on this form is true and correct.

Parent/Carer Name

Parent/Carer Signature

Date:   /   /

### OFFICE USE ONLY

BIRTH CERTIFICATE CHECKED?     INPUT TO MIS?     SCANNED TO MIS?

ADMISSION NUMBER     YEAR & TUTOR GROUP

ADMISSION DATE   /   /      ADMISSION MEETING WITH (SLT)

SIGNATURE     DATE   /   /