

LEAMIS News Bulletin

Please Read Carefully

LEAMIS Helpdesk 0116 2311280	
Subject/Title	Pupil Admission Form
Date:	August 2010
For the Attention of:	Pupil Admissions Staff
SIMS Module:	SIMS.net Star7
Contents:	Pupil Admission Form Version 6 Note: Change includes Daily Lunch Time Meal Arrangements



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 1998. Data on this form will be shared with the LA where necessary.

SCHOOL USE ONLY	
Admission no.	
Year Group	
Reg. Group	
Admission Date	
Date Processed	

Please print in the areas below

Please provide as much information as possible about your child.

Legal Surname: _____ Legal Forename: _____

Gender (M/F): _____ Date of Birth: _____ Middle Name(s): _____

Preferred Surname: _____ Preferred Forename: _____

Postcode: _____ Home telephone number: _____

Home Address: _____

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Priorities them in the order that you wish for them to be contacted in an emergency.

<u>Contact Information:</u>	<u>Parent/Guardian</u>	
Title and Surname: _____	Forename: _____	Priority
Daytime Tel. No: _____	Day Place: _____	<input type="checkbox"/>
Home Phone: _____	Mobile: _____	Currently serving in Regular HM Forces Military units?
E-mail: _____	Daytime Fax: _____	<input type="checkbox"/>
Address (if different to above): _____	Postcode: _____	
Relationship to Pupil: _____	Parental Responsibility: Yes/No	

<u>Contact Information:</u>	<u>Parent/Guardian</u>	
Title and Surname: _____	Forename: _____	Priority
Daytime Tel. No: _____	Day Place: _____	<input type="checkbox"/>
Home Phone: _____	Mobile: _____	Currently serving in Regular HM Forces Military units?
E-mail: _____	Daytime Fax: _____	<input type="checkbox"/>
Address (if different to above): _____	Postcode: _____	
Relationship to Pupil: _____	Parental Responsibility: Yes/No	



PUPIL'S ADMISSION FORM

<u>Contact Information:</u> <u>Non-Parental Contact</u>	
Title and Surname: _____ Forename: _____	Priority <div style="border: 2px solid black; width: 60px; height: 60px; margin: 0 auto;"></div>
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	
E-mail: _____ Daytime Fax: _____	
Address: _____ _____	
Postcode: _____	
Relationship to Pupil: _____	

<u>Contact Information:</u> <u>Non-Parental Contact</u>	
Title and Surname: _____ Forename: _____	Priority <div style="border: 2px solid black; width: 60px; height: 60px; margin: 0 auto;"></div>
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	
E-mail: _____ Daytime Fax: _____	
Address: _____ _____	
Postcode: _____	
Relationship to Pupil: _____	

Lunch time meal arrangements:

Packed Lunch School meal Free School meal

Please tick the type of meal to have for each day of the week below:-

Type of meal	Mon	Tue	Wed	Thu	Fri
Packed Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/Free Meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dietary Requirements:

Artificial Colouring Allergy <input type="checkbox"/>	No Pork <input type="checkbox"/>	No Dairy Produce <input type="checkbox"/>
Gluten Free <input type="checkbox"/>	Halal <input type="checkbox"/>	Kosher Foods Only <input type="checkbox"/>
No nuts of any type/quantity <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Seafood Allergy <input type="checkbox"/>

Does your child have any other dietary requirements that the school should be aware of?



PUPIL'S ADMISSION FORM

Medical Information:

Medical Practice Name: _____

Medical Practice Address: _____

_____ Tel no: _____

Does your child have any medical conditions that the school should be aware of?

Does your child receive any Paramedical Support?

Occupational Therapy

Physiotherapy

Speech Therapy

Other support please specify

Ethnicity:

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Chinese

I do not wish an ethnic 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

This information was provided by

Parent

Student

PUPIL'S ADMISSION FORM

First Language:

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

First Language: _____

Other Languages Spoken: (in order of importance)

1. _____

2. _____

Religion:

Buddhist

Jewish

Hindu

Christian

Muslim

Sikh

No religion

Other religion

Additional Information:

How does your child travel to school? :

Cycle Car Share Car/Van Public Bus Service

Dedicated School Bus Train Taxi Walk Other

Previous school:

Name of School	Date From	Date To
_____	_____	_____

Reason for leaving: _____

Does this child have any brothers and sisters at this school? Yes No

If Yes, please give details: _____

Please use this space to give us any information about your child that you feel we should know about and which has not already been covered by this form: _____

Parent/Guardian Name (Please print) : _____

Parent/Guardian Signature: _____

Date: _____