

HALL GREEN SCHOOL

Admission Form



Legal Surname of Child	Legal Forename of Child	Middle Name(s)
Home Address		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Post Code Home Telephone Number		Date of Birth

PARENTS/LEGAL GUARDIANS LIVING AT HOME ADDRESS

Contact Priority No.	Title (please circle) Mr/Mrs/Miss/Ms	Surname	Forename	Does this person have legal Parental Responsibility for this child? Yes/No
Main Contact Telephone Number:		Work Tel:	Other Tel:	Is there a court order in place for this child? Yes/No
Email			Relationship to Child	

Contact Priority No.	Title (please circle) Mr/Mrs/Miss/Ms	Surname	Forename	Does this person have legal Parental Responsibility for this child? Yes/No
Main Contact Telephone Number:		Work Tel:	Other Tel:	Is there a court order in place for this child? Yes/No
Email			Relationship to Child	

OTHER ADULTS LIVING AT HOME ADDRESS

Contact Priority No.	Title (please circle) Mr/Mrs/Miss/Ms	Surname	Forename	Does this person have legal Parental Responsibility for this child? Yes/No
Main Contact Telephone Number:		Work Tel:	Other Tel:	Is there a court order in place for this child? Yes/No
Email			Relationship to Child	

OTHER ADULTS WITH PARENTAL OR LEGAL RESPONSIBILITY NOT LIVING AT HOME ADDRESS

Contact Priority No.	Title (please circle) Mr/Mrs/Miss/Ms	Surname	Forename	Does this person have legal Parental Responsibility for this child? Yes/No
Main Contact Telephone Number:		Work Tel:	Other Tel:	Is there a court order in place for this child? Yes/No
Email			Relationship to Child	

The **Contact Priority** field indicates the order in which contacts will be telephoned should the need arise and can be amended if required.

OTHER EMERGENCY CONTACTS If the persons listed above cannot (or should not be) contacted, it is useful to have alternatives. Number them only if the order of priority is important.

Priority No.	Title	Surname	Forename	Daytime Tel No	Relationship to Child
	Mr/Mrs Miss/Ms				
	Mr/Mrs Miss/Ms				

PLEASE TURN OVER

METHOD OF TRAVEL TO SCHOOL

BUS CAR CYCLE TAXI WALK (Please tick one box only)

MEALS

FREE MEAL SCHOOL MEAL SANDWICHES (Please tick one box only)

Is your child entitled to Free School Meals? Yes No

Please answer 'yes' if your child is **entitled** to Free Meals even if he/she does not intend to take them.
 Further information on Free School Meal entitlement can be obtained from the School Office
 If you think you may be eligible to receive free school meals, please ask in school for an application form.
 Please be aware that all information remains confidential and at no time are other pupils made aware of who has a free meal.

PARENTAL CONSENT

Consent to obtain information from other agencies.
 Can we contact, if appropriate, other agencies involved with your child?
 Yes No Prefer to discuss first

Consent for photographs
 During their time at school, your child may be involved in plays or other events at which photographs are taken. Please indicate by ticking the box below whether you agree for any photographs of your child to be used by the school (e.g. on its website, prospectus or in newsletters)
 Yes No

ETHNIC/CULTURAL

Ethnicity – Please tick

Bangladeshi <input type="checkbox"/>	Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
Chinese <input type="checkbox"/>	Gypsy/Roma <input type="checkbox"/>	Indian <input type="checkbox"/>
Pakistani <input type="checkbox"/>	White British <input type="checkbox"/>	White Irish <input type="checkbox"/>
White & Asian <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>
Other Asian Background <input type="checkbox"/>	Other Black Background <input type="checkbox"/>	Other Ethnic Group <input type="checkbox"/>
Other mixed Background <input type="checkbox"/>	Other White Background <input type="checkbox"/>	

Language – Please Complete
 Home Language First Language

Religion – Please tick

Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>
Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	Other <input type="checkbox"/>	No religion <input type="checkbox"/>

SCHOOLS ATTENDED BEFORE HALL GREEN

Name of School(s)	Address	From	To

Is your child a young carer? Yes No

Has your child got an EHCP? Yes No

Names of brothers and sisters (indicate if they are already attending Hall Green and position in family (E.g. Eldest of three)

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Signed: (Parent/Carer) Date: