Hemingbrough CP School ADMISSIONS FORM



PUPIL INFORMATION (Please complete in block capitals)													
Surname													
First name													
Other names			Male Female	(delete as	appropriate)								
Date of birth	1 1		Language spoker	Language spoken at home:									
Address													
			Postcode	Postcode									
Telephone No(s)	Home												
Please circle the	e circle the USUAL mode of transport used to get to school: WALK / CYCLE / CAR / BUS / OTHER												
PARENT INFO	ORMATION												
Parent(s) Full Names	How should we address you when we write to you? eg Mr & Mrs, Miss, Dr, etc												
Mobile													
e-mail Address	•												
Absent Parent's details	If an absent parent would like copies of sch	If an absent parent would like copies of school reports, photos, newsletters etc please let us have their information here:											
	Please indicate if one or more par	ing military service		YES NO									
	CONTACT INFORMATION e first one should be a parent of		e give contacts to be ı	ised in cas	se of illness or								
	1 st Contact		2 nd Contact	3 rd Contact									
Name													
Telephone													
Mobile													
Place of Work													
Work Telephone													
Relationship to Pupil													
Children at this school from the same household	Surname	Forenames		Date of Birth									

Pupil's previous Name & Address school										
Telephone Number										
OTHER INFO	RMATIC	N	Please complete the	follo	wing:	sect	tions IN FULL			
Doctor's	s Name									
Doctor's A	Address									
In your opinion does your child have a disability disabled person (child or adult) is someone who has a physi substantial and long term adverse effect on his or her ability					r menta	limp	pairment, which has a	YES	١	NO
Details of ongoing medication					Details of allergies					
Wears glasses? YES NO						Hearing problems? YES				NO
(If yes, give further details)					(If yes, give further details)					
Children previously in care. Please advise school or ceased to be looked after through a Special GResidence Order (RO)								YES		NO
Has your child be	en made 1	the	subject of an adoption	orde	order, placement order or freeing order?			YES	NO	
		e fo	ollowing orders decid	led b	y the	cou	rts? (please tick)			
Residence Order	'S				Emergency Protection Order					
	Contact Order						der or Interim Care Order			
Specific Issue Or							ion Order			
Prohibited Steps					Educ	atic	on Supervision Order			
Child Protection										
		ı of	the following? (plea	se ti						
Income Support				Income-based Job Seekers Allowance						
Income-related Employment and Support				Support under Part VI of the Immigration and						
Allowance				Asylum Act 1999 Child Tax Credit (provided you're not also						
Working Tax Credit run-on-paid for 4 weeks after you stop qualifying for Working Tax				entitled to Working Tax Credit and have an						
Credit				annual gross income of no more than £16,190)						
The guaranteed	d eleme	nt	of State Pension	Universal Credit						
Credit			-							
					jears 1	&	2 will be entitled to pre-pai	d (free)	meal	
			o have a school mea	l				YES	NO	<u>)</u>
ETHNIC BACK	KGROU	ND								
Nationality					Religion Please advise School if there are any dietary requirements associated with your religion.					
			indicate the ethnic b it is not the same as				your child . Our ethnic back country of birth.	ground	descr	ibes
White			Mixed			Asian or Asian British				
British		White and Black Carribbean Indian								
Irish			White and Black Afric	can	Bangladeshi					
Traveller of Irish h	ieritage			and Asian Pakistani						+
Gypsy/Roma Any other Mixed Backgi Black or Black British					ina	Any other Asian background Other				
Caribbean							ninese			$\overline{}$
African						Other: please state				+
Any other Black background						I do not wish to record an Ethnic				+
						Background				
Signed	0	nly '	those people with parentous is immediately of any cha	al resp	onsibili	tų m	Date nay sign permission letters etc. e in order for us to update our recc		••••	

FOR OFFICE USE ONLY: Birth Certificate seen ______ Start Date _____