## Hemingbrough CP School ADMISSIONS FORM 2021/2022



PUPIL INFORMATION (Please complete in block capitals)											
Surname											
First name											
Other names			Male Female	(delete as	appropriate)						
Date of birth			Language spok	Language spoken at home:							
Address											
			Postcode	Postcode							
Telephone No(s)	Home										
	USUAL mode of transport used to	o get to s	chool: WALK / CYCLE	/ CAR / BU	S / OTHER						
PARENT INF	ORMATION										
Parent(s) Full Names	How should we address you when we write	te to you? e	g Mr & Mrs, Miss, Dr, etc								
Mobile											
e-mail Address											
Absent Parent's details	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 pa		YES NO								
<b>EMERGENCY CONTACT INFORMATION –</b> Please give contacts to be used in case of illness or emergency. The first one should be a parent or carer.											
	1 <sup>st</sup> Contact		2 <sup>nd</sup> Contact		3 <sup>rd</sup> 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 INFORMATION	SHEET cont	inued
Pupil's	Name &	Address						
previous								
school	Telepho	ne Number						
OTHER INFO	RMATIC	)N Please co	omplete	the followin	na s	ections IN FULL		
Doctor's					.9 -			
Doctor's A	ddress							
In your opinion	does you	r child have	SEND (	Special Edu	cat	ional Needs and		
						adult) is someone who has a	YES	NO
physical or mental im out normal day-to-da		hich has a subst	antial and I	ong term advers	se e	ffect on his or her ability to carry		
Details of ongoi		ation			D	etails of allergies		
Wears glasses?	,		YES	NO	Ц	earing problems?	YES	NO
(If yes, give further details)			NO		yes, give further details)	120	NO	
(,,,	,				(	, , g		
						was Adopted from Care or	VEO	NO
Residence Order		er through a	Special	Guardiansn	ip (	Order (SGO) or through a	YES	NO
		he subject of	an adopt	ion order, pla	icer	nent order or freeing order?	YES N	10
						ourts? (please tick)		
Residence Order	-					ncy Protection Order		T
Contact Order				Care Order or Interim Care Order				
Specific Issue Order				Supervision Order				
Prohibited Steps Order				Education Supervision Order				
Child Protection Order								
Are you in recei		of the follow	vina? (p	lease tick)				
Income Support					ne-	based Job Seekers Allowanc	e	
Income-related Employment and Support				Support under Part VI of the Immigration and				
Allowance				Asylum Act 1999				
Working Tax Credit run-on-paid for 4 weeks				Child Tax Credit (provided you're not also entitled				
after you stop qualifying for Working Tax Credit				to Working Tax Credit and have an annual gross				
<b></b>			<u> </u>			of no more than £16,190)		
The guaranteed element of State Pension Credit					ersa	al Credit		
ETHNIC BAC	KGROU	ND		1 1				
		_						
Religion Please advise Schoo	l if there are	any dietary requ	irements a	associated with y	/our	religion.		
						of your child. Our ethnic ba	ckground des	scribes
how we think of o	ourselves,		ame as	nationality or	co			
White			Mixed			Asian or Asian British		
British Irish			White and Black Caribbean White and Black African			Indian Bangladeshi		
Traveller of Irish he	eritade		White and Asian		$\vdash$	Pakistani		
Traveller of Irish he	entage	white and	White and Asian			Pakistani		

Any other Black background I do not wish to record an Ethnic Background Signed..... Date.....

Any other Mixed Background

Only those people with parental responsibility may sign permission letters etc. - Please notify us immediately of any changes to the above in order for us to update our records.

Other

Chinese

Other: please state

Gypsy/Roma

Caribbean

African

**Black or Black British** 

Any other Asian background