

St Day & Carharrack Primary School

Burnwithian, School Hill, St Day, Redruth TR16 5LG

01209 820456

CONFIDENTIAL ADMISSION FORM

The information given here will be recorded and maintained on the school's information management systems, this data will be accessible only to authorised personnel and subject to control under the data protection act.

Please note – Filling out this form does not constitute an offer of admission.

| PUPIL DETAILS | |
|---------------------------------|---|
| Legal Forename: | Preferred Forename: |
| Legal Surname: | Preferred Surname: |
| Middle Names: | |
| Previous Surname/s if relevant: | |
| Date of Birth: | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASTORAL / REGISTRATION INFORMATION: FOR OFFICE USE ONLY | | | | |
|--|-------------------------|------------------------|--------------------------|------------------------|
| Registration Group: | | House: | | |
| Admission Date: | | Enrolment Status: | | |
| Admission Number: | | UPN: | | |
| Pupil Premium: <input type="checkbox"/> SEN: <input type="checkbox"/> Birth Certificate Seen: <input type="checkbox"/> | | Part-time dates: | | |
| Early Years Attendance Patterns: | | | | |
| MON: AM / PM / All day | TUES: AM / PM / All day | WED: AM / PM / All day | THURS: AM / PM / All day | FRI: AM / PM / All day |
| Notes: | | | | |
| CTF <input type="checkbox"/> Paper File <input type="checkbox"/> Documents <input type="checkbox"/> Assessment Data <input type="checkbox"/> Options <input type="checkbox"/> Timetable <input type="checkbox"/> | | | | |

| PUPIL ADDRESS The address at which the child lives the majority of the time in a typical week. | | |
|--|--------------------|---------|
| Post Code: | House Name/Number: | |
| Street/District | | County: |

| CONTACTS | | |
|--|---|--|
| Contact/Priority 1 | | |
| Title: | Forename: | Surname: |
| Relationship to Pupil: | | Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/> |
| Court Order <input type="checkbox"/> Please give details | | |
| Phone Numbers (in order of priority) | Type | Notes (eg days worked) |
| 1 | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| 2 | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| 3 | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| Email Address: | | |
| Address Details (if same as applicant just tick here) <input type="checkbox"/> | | |
| Post Code: | | House Name/Number: |
| Street/District: | | Town/City |
| Additional Information: | | |

| Contact/Priority 2 | | | |
|--|--|--|------------------------|
| Title: | | Forename: | |
| | | Surname: | |
| Relationship to Pupil: | | Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/> | |
| Court Order <input type="checkbox"/> Please give details | | | |
| Phone Numbers (in order of priority) | | Type | Notes (eg days worked) |
| 1 | | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| 2 | | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| 3 | | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| Email Address: | | | |
| Address Details (if same as applicant just tick here) <input type="checkbox"/> | | | |
| Post Code: | | House Name/Number: | |
| Street/District: | | Town/City | |
| Additional Information: | | | |

| Contact/Priority 3 | | | |
|--|--|--|------------------------|
| Title: | | Forename: | |
| | | Surname: | |
| Relationship to Pupil: | | Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/> | |
| Court Order <input type="checkbox"/> Please give details | | | |
| Phone Numbers (in order of priority) | | Type | Notes (eg days worked) |
| 1 | | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| 2 | | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| 3 | | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| Email Address: | | | |
| Address Details (if same as applicant just tick here) <input type="checkbox"/> | | | |
| Post Code: | | House Name/Number: | |
| Street/District: | | Town/City | |
| Additional Information: | | | |

| Contact/Priority 4 | | | |
|--|--|--|------------------------|
| Title: | | Forename: | |
| | | Surname: | |
| Relationship to Pupil: | | Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/> | |
| Court Order <input type="checkbox"/> Please give details | | | |
| Phone Numbers (in order of priority) | | Type | Notes (eg days worked) |
| 1 | | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| 2 | | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| 3 | | Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> | |
| Email Address: | | | |
| Address Details (if same as applicant just tick here) <input type="checkbox"/> | | | |
| Post Code: | | House Name/Number: | |
| Street/District: | | Town/City | |
| Additional Information: | | | |

| FAMILY LINKS Please list brothers and sisters (including half/step family) currently at this school | | | | |
|---|----------|--------|---------------|---------------|
| Surname | Forename | Gender | Date of Birth | Same Address? |
| | | M / F | | Y / N |
| | | M / F | | Y / N |
| | | M / F | | Y / N |

| DIETARY INFORMATION | |
|--|-------|
| What meal arrangement will the child typically have? (Please tick one only) <input type="checkbox"/> School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Go home | |
| If the child is Year 2 or below: The government provides a free meal for all children in year 2 or below. Do you believe the child would be eligible for a free meal if the government was not doing this? | Y / N |
| Please indicate any relevant food allergies or dietary needs: | |

| MEDICAL INFORMATION | |
|---|-------------------|
| <input type="checkbox"/> Emergency Medical Consent <i>(Ticking this box confirms that you authorise the school to initiate appropriate medical treatment in the event of an emergency).</i> | |
| Medical Practice: | Practice Address: |
| Doctor's Name: | |
| Practice Telephone: | |
| Please indicate any known medical conditions | |
| <div> <input type="checkbox"/> No Medical Conditions <input type="checkbox"/> Myalgic Encephalopathy <input type="checkbox"/> Post Viral Fatigue Syndrome </div> <div> <input type="checkbox"/> Epilepsy <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Arthritis </div> <div> <input type="checkbox"/> Diabetes <input type="checkbox"/> Chronic Fatigue Syndrome <input type="checkbox"/> Multiple Sclerosis </div> <div> <input type="checkbox"/> Asthma <input type="checkbox"/> Osteoporosis <input type="checkbox"/> ADHD </div> <div> <input type="checkbox"/> Eczema <input type="checkbox"/> Other – Please specify below <input type="checkbox"/> Allergies – Please specify below </div> | |

| |
|--|
| Additional Information: Please note any details that will enable us to better support your child whilst attending this school. If you need more space please use an additional sheet of paper and tick here to confirm that you have done so: <input type="checkbox"/> |
|--|

| SCHOOL HISTORY | |
|--|--------------------------|
| Previous School Name: | Previous School Address: |
| Previous School Tel Number | |
| Dates Attended : From (dd/mm/yy): To: (dd/mm/yy): | |

