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 □ Female □				
PASTORAL / REGISTRATION INFORMATION: F	OR OFFICE USE ONLY				
Registration Group:	House:				
Admission Date:	Enrolment Status:				
Admission Number:	UPN:				
Pupil Premium: ☐ SEN: ☐ Birth Certificate Seen: ☐	Part-time dates:				
Early Years Attendance Patterns:					
MON: AM / PM / All day TUES: AM / PM / All day WE	D: AM / PM / All day	day			
Notes:					
CTF Paper File Documents I	☐ Assessment Data ☐ Options ☐ Timetable ☐				
PUPIL ADDRESS The address at which the child lives	the majority of the time in a typical week				
Post Code: House Name/Num					
Street/District	County:				
3.33, 3.3.3	County.				
CONTACTS					
Contact/Priority 1					
Title: Forename:	Surname:				
Relationship to Pupil:	Parental responsibility ☐ Pupil Report ☐ Correspondence ☐				
Court Order Please give details					
Phone Numbers (in order of priority)	Type Notes (eg days worked)				
1	Home ☐ Mobile ☐ Work ☐				
2	Home ☐ Mobile ☐ Work ☐				
3	Home ☐ Mobile ☐ Work ☐				
Email Address:					
Address Details (if same as applicant just tick here)					
Post Code:	House Name/Number:				
Street/District:	Town/City				
Additional Information:					

Coi	Contact/Priority 2					
Title	e: Forename: Surname:					
Rela	ationship to Pupil:	Pa	Parental responsibility ☐ Pupil Report ☐ Correspondence ☐			
Cou	Court Order Please give details					
Pho	one Numbers (in order of priority)	Ту	ре	Notes (eg d	ays worked)	
1		Н	ome 🗆 Mobile 🗀 Work 🛭]		
2		Н	ome 🗆 Mobile 🗀 Work 🛭]		
3		Н	ome 🗆 Mobile 🗀 Work 🛭]		
Ema	ail Address:			I		
Add	dress Details (if same as applicant just tick he	re) 🗆				
Pos	t Code:	Н	ouse Name/Number:			
Stre	eet/District:	To	own/City			
Add	litional Information:					
Coı	ntact/Priority 3					
Title	Title: Forename: Surname:					
Rela	ationship to Pupil:	Pa	arental responsibility	Pupil Report 🗆	Correspondence	
Cou	rt Order 🛘 Please give details					
Pho	ne Numbers (in order of priority)	Ту	/pe	Notes (eg d	ays worked)	
1		Н	ome 🛘 Mobile 🗖 Work 🕻]		
2		Н	ome 🗆 Mobile 🗀 Work 🛭			
3		Н	ome 🛘 Mobile 🗖 Work 🕻]		
Ema	ail Address:	•				
Add	lress Details (if same as applicant just tick he	re) 🗆				
Pos	t Code:	Н	ouse Name/Number:			
Stre	eet/District:	To	Town/City			
Add	Additional Information:					
Coı	ntact/Priority 4					
Title	e: Forename:	Su	Surname:			
Rela	ationship to Pupil:	Pa	Parental responsibility ☐ Pupil Report ☐ Correspondence ☐			
Cou	ırt Order □ Please give details					
Pho	ne Numbers (in order of priority)	Ту	/pe	Notes (eg d	lays worked)	
1		Н	ome 🗆 Mobile 🗖 Work 🛭			
2		Н	ome 🗆 Mobile 🗀 Work 🛭]		
3		Н	ome 🛘 Mobile 🗖 Work 🕻			
Ema	Email Address:					
Add	Address Details (if same as applicant just tick here)					
Post Code:			House Name/Number:			
Street/District:			Town/City			
Additional Information:						

		IVI / F		Y / IN	
		M/F		Y/N	
		M/F		Y/N	
DIETARY INFORMATION					
What meal arrangement will the	e child typically have? (Please tick one o	only) 🗆 School N	∕Ieal □ Packed L	unch 🗆 Go home	
	he government provides a free meal for the government provides a free meal if the government.			Y/N	
Please indicate any relevant foo	d allergies or dietary needs:				
MEDICAL INFORMATION					
MEDICAL INFORMATION	Tigling this have as of inner that w		abaal ta initiata a	annaniata madiaal	
☐ Emergency Medical Conser	(Ticking this box confirms that y treatment in the event of an eme		cnool to initiate a	ppropriate meaicai	
Medical Practice:	,	Practice Addr	ess:		
Doctor's Name:					
Practice Telephone:					
Please indicate any known med	lical conditions				
No Medical Conditions□ Epilepsy□ Diabetes□ Asthma	☐ Myalgic Encephalopathy☐ Tuberculosis☐ Chronic Fatigue Syndrome☐ Osteoporosis	☐ Post Viral Fatigue Syndrome☐ Arthritis☐ Multiple Sclerosis☐ ADHD			
☐ Eczema	☐ Other – Please specify below	☐ Allergies – Please specify below		low	
please use an additional sheet of	l enable us to better support your chilof paper and tick here to confirm that	_		u need more space	
SCHOOL HISTORY					
Previous School Name:		Previous Schoo	Previous School Address:		
Previous School Tel Number					
Dates Attended : From (dd/mi	m/yy):				
To: (dd/m	m/yy):				

FAMILY LINKS Please list brothers and sisters (including half/step family) currently at this school

Forename

Surname

Date of Birth

Same Address?

Gender

ETHNIC / CULTURAL IN	IFOMATION				
Ethnicity:		Religi	on:		
First Language:		Home	Language:		
Country of Birth:		Natio	nality:		
Additional Information:					
Frame (Data):	ollowing: sy/Roma (Housed) ☐ Gyps		ng) 🛘 Occupational (Γraveller) □ Travelle	r (Other)
ADDITIONAL INFOMAT	<u> </u>				
Mode of Transport - Please ☐ Public Bus Service ☐ Car Share (with child/o	state the mode your child w Car/Van children) Dedicated 9	_	-	rom school. □ Walks	
Youth Support Services Agreement (Ticking this box confirms that you authorise the school to share relevant data with agencies to support the applicant with career guidance).					data with
PUPIL PREMIUM Is the	e pupil entitled to Pupil Prer	mium Eunding?			
	s parents been in a Service P		ast four years?		Y/N
	Care, or has he/she ever be		•	care)?	Y / N
	igible for Free School Meals	en in care (ins ii	leiddes ddopted from		Y / N
	ible for Free School Meals wi	ithin the last 6 ve	aarc?		Y / N
I	olease give full details below. original document so we ca		•	Documentati	
PARENTAL / CARER CO	ONSENTS: I/We confirm t	that I consent/do	not consent to the it	ems listed below	
Copyright Permission:	Y	/ N			
Internet Access:	Y	/ N			
Photograph Pupil / Media (Consent Y	/ N			
Sex Education	/ N				
Data Exchange	Υ ,	/ N			
School Trips and Visits	Y	/ N			
SIGNATURES			PRINT NAME	I	DATE
Parent/Carer 1:					
Parent/Carer 2:					
Thank you fo	or completing this form. P	Please return it	to the school office	as soon as possible	

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