

### 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 2018 (GDPR).

Full details of our Privacy Notice can be found on our website: [www.st-ives-inf.eschools.co.uk](http://www.st-ives-inf.eschools.co.uk)

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

**NAME OF PARENT(S):** \_\_\_\_\_  
(Full individual details to be included in the contact area below)

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"/>				

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)**

Post Code: \_\_\_\_\_ House Name/Number: \_\_\_\_\_

Street/District: \_\_\_\_\_ Town/City \_\_\_\_\_

Additional Information:

<b>FAMILY LINKS</b> 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)  School Meal  Packed Lunch  Go home

Does your child currently receive Free School Meals? Y / N

**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 of dietary needs:

**MEDICAL INFORMATION**

Emergency Medical Consent *(Ticking this box confirms that you authorise the school to initiate appropriate medical treatment in the event of an emergency).*

Medical Practice: \_\_\_\_\_ Practice Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Practice Telephone: \_\_\_\_\_

**Please indicate any known medical conditions**

<input type="checkbox"/> <b>No Medical Conditions</b>	<input type="checkbox"/> Myalgic Encephalopathy	<input type="checkbox"/> Post Viral Fatigue Syndrome
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chronic Fatigue Syndrome	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> ADHD
<input type="checkbox"/> Eczema	<input type="checkbox"/> <b>Other – Please specify below</b>	<input type="checkbox"/> <b>Allergies – Please specify below</b>

**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:

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**SCHOOL HISTORY**

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

**ETHNIC / CULTURAL INFORMATION**  
 Under GDPR guidance, this information is optional: you do not need to complete this section if you would prefer not to.  
 Please refer to our Privacy Notice for more information.

Ethnicity:	Religion:
First Language:	Home Language:
Additional Information:	
Traveller Status: <b>Y / N</b> If Yes, please provide the following: Traveller Status: <input type="checkbox"/> Gypsy/Roma (Housed) <input type="checkbox"/> Gypsy/Roma (Travelling) <input type="checkbox"/> Occupational (Traveller) <input type="checkbox"/> Traveller (Other) From (Date): .....	

**ADDITIONAL INFORMATION**

Mode of Transport - Please state the mode your child will use most regularly to travel to and from school.

Public Bus Service       Car/Van       Taxi       Walks  
 Car Share (with child/children)       Dedicated School Bus       Cycle

**PUPIL PREMIUM Is the pupil entitled to Pupil Premium Funding?**

Has either of the applicant's parents been in a Service Profession in the last six years? (E.G. Armed forces)	<b>Y / N</b>
Is the applicant currently In Care, or has he/she ever been In Care (this includes adopted from care)?	<b>Y / N</b>
Is the applicant currently eligible for Free School Meals	<b>Y / N</b>
Has the applicant been eligible for Free School Meals within the last 6 years?	<b>Y / N</b>

If you have answered Yes to any of the questions above, please give full details below. You will also need to provide us with documentary evidence. Please attach a copy or bring in an original document so we can copy it for our files.

Documentation included

If you have a household income of less than £16,190 or are in receipt of certain benefits, the school may get extra funding to help support your child. This is called Pupil Premium Funding. We would appreciate it if you could complete the following information.

Parents FULL name (please print):

Parents Date of Birth:

Parents National Insurance Number:

**PARENTAL/CARERS CONSENTS:** Please initial where applicable> Please note consent can be refused with detriment and withdrawn at anytime by writing or emailing the school.

I give permission for my chil to take part in local school visits that do not require transport.  
E.g. Walking to the church, library, beach.

	SIGNATURE	PRINT NAME	DATE
Parent/Carer 1:			
Parent/Carer 2:			