



Northfield Primary & Nursery School Foundation Admission Form



Child's Details

Child's surname:-----Forenames:-----

Address:-----

Post Code:-----Date of Birth:-----Male/Female-----

Home Telephone Number:-----E-mail Address-----

Previous Nursery / School-----

Ethnic Origin:-----Language spoken at home:-----Religion:-----

Is your child entitled to Free School Meals? Y/N Are either parent in the Armed Forces Y/N

Has your child ever been Fostered or in care Y/N Is your child Adopted Y/N

If your child is **fostered/adopted or either parent is in the Armed Forces**, please inform the office staff or see the Headteacher. There is additional funding available to support your child.

Other children in family (names and dates of birth please)-----

Parent / Guardian details

1. Title (Mr, Mrs, Ms, Miss)-----Surname-----

Forename:-----Relationship to child:-----

Address:-----

Telephone number (home)-----Telephone number (work)-----

Mobile phone number:-----Occupation:-----

Parental responsibility Y/N

2. Title (Mr, Mrs, Ms, Miss)-----Surname-----

Forename:-----Relationship to child:-----

Address:-----

Telephone number (home)-----Telephone number (work)-----

Mobile phone number:-----Occupation:-----

Parental responsibility Y/N

Please give details of anyone else with parental responsibility:-----

Parental Responsibility is defined in the Children Act 1989: If the parents of a child were not married to each other when the child was born, the mother automatically has parental responsibility but the father can only get legal responsibility by either registering the birth of the child with the mother (from 1/12/2003), or by getting a parental responsibility agreement with the mother, or by getting a parental responsibility order from court.

Medical details

Doctor's name and address:-----

Please give any information you feel we should be aware of e.g. wears glasses, has asthma, allergies etc

Do you consider your child to have a special educational need or disability?

My child is / is not allergic to plasters (please delete as appropriate)

Your child's name, D.O.B. and address will be forwarded to the Health Authority, as they have a statutory responsibility to provide a Health Service for all children in schools. If you object to this would you please do so in writing to the school.

Persons to contact in case of emergency

1 Title:(Mr, Mrs, Ms, Miss)-----Name:-----

Address:-----

Telephone number:-----Relationship to child:-----

2 Title: (Mr, Mrs, Ms, Miss)-----Name:-----

Address:-----

Telephone number:-----Relationship to child:-----

Signed-----Parent/Guardian

Your support for your child's education is crucial to their progress. Please tell us if there are any adjustments we need to make to help you support your child, for example: letters in large print, explaining things over the phone or at the office, wheelchair access.

All of the information you provide on this form is treated as confidential and will be stored on the school data base. This conforms to the Data Protection Act.