

Admission Form

Child's details

Surname	Forename
Middle Name	Chosen Name
Date of birth	Gender
Address	Home telephone number: Home email address:

School have to send correspondence to **BOTH** the mother and father of each child if they do not live at the same address. Please ensure we have up-to-date information for both parents.

We will always contact either Mother or Father in the first instance in the case of an emergency. Please indicate in the box provided, which you prefer.

Mother's details

Surname	Forename
Address	Home/Mobile Telephone Number Home email address:
Work Place	Work telephone number:
Other information school may require	I wish to be the FIRST/SECOND contact in the case of Emergency. (Please delete as appropriate)

Father's details

Surname	Forename
Address	Home/Mobile Telephone Number Home email address
Work Place	Work telephone number
Other information school may require	I wish to be the FIRST/SECOND contact in the case of emergency (Please delete as appropriate)

Please give details of anyone else who we can contact should an emergency arise when you are unavailable.

Third Contact

Title.....Surname.....Forename.....

Day Tel.No.....

Day Place.....

Home Address.....

Post Code.....

Home Tel.....

Parental Responsibility (Y/N) Relationship.....

Fourth Contact

Title.....Surname.....Forename.....

Day Tel.No.....

Day Place.....

Home Address.....

Post Code.....

Home Tel.....

Parental Responsibility (Y/N) Relationship.....

Fifth Contact

Title.....Surname.....Forename.....

Day Tel.No.....

Day Place.....

Home Address.....

Post Code.....

Home Tel.....

Parental Responsibility (Y/N) Relationship.....

Home Circumstances

Details of any home circumstances that you feel we should know and other factors which may affect your child's school progress.

.....
.....

Medical Details

Name of Doctor.....

Address of Doctor.....

Tel.No. of Doctor.....

Medical conditions or information that you wish the school to record

.....

Allergies.....

Additional Information

Educational History (Nursery School)

Date of Arrival Date of Leaving

Nursery School Address and Telephone Number

.....
.....

Dinner Arrangements - Please tick appropriate box

School dinner - free

☐

School dinner - paid

☐

Packed Lunch

☐

You will receive a copy of our school menu and a tick box to complete with your child's meal preferences separately.

Special Dietary needs/preferences if appropriate.....

Mode of Travel to school

Ethnic / Cultural

Ethnic Origin.....Home Language.....

Religion.....Any Other Language Spoken at home

.....

Any other information

We are a sustainable school and would prefer to send out newsletters, dinner money information, additional information we think you may be interested in, i.e. holiday clubs, etc via email to all addresses we have on record. Any late cancellations of trips or sporting events and reminders of school activities are sent to the main carers mobile numbers via a text messaging service.

If you would prefer a hard copy of school letters please tick the box. ☐

Permission Slips

Local Visits

Throughout the year, class teachers will be taking their classes on short visits around the immediate local area and sometimes down into Otley.

We will always follow guidance on adult-child ratios appropriate to the child's year group.

I give permission for my child to take part in local trips throughout the year.

☐

Photographs

I give permission for my child's photograph/video image to appear in the school Newsletter/Website

☐

I give my permission for my child's photograph/video image to appear in Newspapers

☐

Thank you for your support in this matter.