

Confidential Admission Form



Child's details:

Legal surname:		Legal first name:	
Middle name(s):		Date of birth:	
Preferred surname:		Preferred first name:	
Please state any other Surname your child may have used:		Gender: (please tick) Male: Female:	
Address: Post Code: Tel Number: Mobile Number:		Address of parent(s) if different from child:	
Previous School/Nursery attended including contact number:			
Name of Child's parents, guardian or carer	Legal Surname:	Legal first name:	National Insurance Number & Date of Birth (For Pupil Premium purposes)
Title (Mr, Mrs, Miss or Ms)			
If you are not the parent of this child please complete the following two boxes. Are any of the child's parents service personnel? If yes please state details:-			
Please state relationship to child (e.g. Aunt, grandmother, friend etc)	Relationship to child:		
If you have cared for or intend to care for the child for more than one month please indicate length of time.	Length of time as carer:		

Lunchtime arrangements: please tick appropriate box

Eligible for free school meals/pupil premium	Will be going home	Will bring packed lunch	Will be paying for lunch
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To qualify for free school meals you will have to apply to your local authority and if your child is joining St Benedict's from another school you will need to re-apply. The LA will then forward confirmation to issue school meals.

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Ethnic Origin:

We are legally required by the Department For Education (DFE) to provide information about the background of pupils attending St Benedict's Primary School.

Please tick one of the following boxes to indicate the ethnic background of your child:

Bangladeshi		White British	
Black African		White Irish	
Black Caribbean		White & Black African	
Chinese		White & Black Caribbean	
Gypsy / Roma		Any other Asian background	
Indian		Any other Black background	
Pakistani		Any other Ethnic group	
Refused		Any other mixed background	
Traveller of Irish heritage		Any other white background	

Please state the main language spoken at home:

Pupil Nationality (Please tick appropriate box)

English	
Other - please specify	
Not yet obtained	
Not known	

Country of Birth (Please tick appropriate box)

England	
Other - please specify	
Not supplied	
Refused	

If pupil nationality is anything other than English, please complete the next section:-

Proficiency in English (Please tick appropriate box)

A = New to English (Needs considerable support)		B = Early Acquisition (Understands simple instructions but still requires significant support)	
C= Developing Competence (May participate in learning activities with increased independence)		D= Competent (Can access the curriculum well and only requires occasional support)	
E = Fluent (Can access the curriculum fully without EAL support)			

Religion (Please tick appropriate box)

Buddhist		Muslim	
Christian		No Religion	
Hindu		Other Religion	
Jewish		Sikh	
Roman Catholic		Refused	

Has your child been Baptised/Christened? If so, please provide Certificate. (As this may effect Admission into Reception.

Please circle one of the following Catholic Other Denomination Not Baptised

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Mode of travel to school (Please tick appropriate box)

Bicycle		Car		Public transport		Taxi		Train		Walk	
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PERMISSION SLIPS

There are a number of occasions when we will need your permission, they are listed below. If you are happy to give permission please provide your consent below. **If your circumstances/requirements changes please notify school in writing, otherwise your consent will remain in force until your child leaves St Benedict's Catholic Primary. Please circle consent below**

School Web School Twitter Press Release e.g Champion

Also there are occasions when children will attend school trips/visits within walking distance of the school such as church/library/park/. Other activities for which I provide consent are locally held sporting events and curriculum day trips.

Signed: **Date:**

You will be informed whenever your child takes part in an activity out of school premises

Please note parents/guardians retain the right to withdraw consent at any stage, but they need to do so in writing

Confidential - Medical/Disability Information

Family doctor:

Doctor's name:	Address:	Telephone number:
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It is very important, for many reasons that we have accurate, up to date information about your child before he or she starts school. All the information that you give will be treated in strict confidence. The information will be put onto your child's file so that we can:

- Be aware of any medical problems which may need to be addressed by our first aiders, e.g. asthma or diabetes
- Be aware of any medical problems or disabilities which may mean that your child is put on the register of Special Educational Needs such as difficulty with mobility, visual impairment, emotional or behavioral problems
- Be aware of any impairment which, under the Disability Discrimination Act 2005 is described as *an impairment that has a long term and substantial adverse effect on their ability to carry out normal day to day activities*. Sometimes quite mild disabilities need to be noted such as wearing glasses and they can also be noted even if a formal diagnosis is still awaited, so, for example you may have been referred to a specialist if your child is suspected of having ADHD and as a school we should be made aware of this and make provision for that condition.

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Under the DDA act we also have to make reasonable provision for any member of the wider school community who may wish to visit school to meet with staff or see a school performance. In order to do this there is also a section of this form which deals with other family members with disabilities, so for example if a grandparent is a wheelchair user, or has hearing problems and is likely to need to come into school then these disabilities need to be noted.

If you feel you need further advice before completing this form then please do not hesitate to contact school and ask to speak to any member of the school leadership team who will be happy to help.

Please tick the boxes that apply to your child and give any further details if necessary. If you are unsure about any of the questions please state "Unsure".

code	Does your child suffer from any of the following;	Yes	No
A	Arthritis		
As	Asthma		
ADD	Attention Deficit Disorder		
ADHD	Attention Deficit Hyperactive Disorder		
A(F)	Food Allergy / Eating disorder (please specify)		
AS	Asperger's Syndrome		
AN	Anaphylactic Shock		
ASD	Autistic Spectrum Disorder		
BES	Behavioural, Emotional, Social difficulties		
C	Convulsions or fainting attacks		
CA	Cancer (or in recovery from cancer)		
CP	Cerebral Palsy		
D	Diabetes		
DS	Down's Syndrome		
DYS	Dyslexia		
E	Epilepsy		
EB	Epidermolysis Bulosa		
ECZ	Eczema		
FD	Facial Disfigurement		
H	Hay Fever		
HI	Hearing impairment		
LD	Learning difficulties		
ME	Myalgic Encephalomyelitis / Chronic Fatigue Syndrome		
MI	Migraine		
MN	Other Medical needs - please provide details on the following page.		
MSI	Multi sensory impairment		
OCD	Obsessive, Compulsive Disorder		
PI	Physical impairment		
SLC	Speech, language or communication difficulties		
T	Tracheotomy		
TS	Tourette's Syndrome		
VI	Visual impairment e.g. colour blindness, wearing glasses, contact lenses		

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O	e.g. Anxiety, Depression, Bereavement		
	Has your child ever been admitted into hospital for a medical condition?		
	Is your child currently under the care of a specialist?		

Please give further details on the last page if you have answered yes to any questions.

Using the codes please indicate if any family member who is likely to visit school, has any disabilities or impairments so that we can ensure their wellbeing in school.

Code	Disability or impairment	Family member	Further details

Thank you very much for taking the time to complete this form. If you require any further information or any help in filling in this form please do not hesitate to contact the school office.

Signature of Parent, Guardian or Carer: **Date:**.....

Additional Information