



Admissions Form

Child's Details

Full Name: _____ Date: _____
Last Forename(s)

Address: _____
_____ *Post Code*

Date of Birth: _____ Gender: _____ 1st Language: _____
Ethnic Group: _____ Religion _____

Parent / Carer's Details

Names of parents / legal guardians / step-parents with whom the child lives with:

Full Name: _____ Relationship: _____

email: _____ Parental Responsibility: **Yes / No**

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Full Name: _____ Relationship: _____

email: _____ Parental Responsibility: **Yes / No**

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Names of parents not living with the child:

Full Name: _____ Relationship: _____

email: _____ Parental Responsibility: **Yes / No**

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Details of an alternative contact in case of emergency:

Full Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Care Information

Please write any further information you may wish to give about your child or family circumstances (including court orders, access and contact):

Medical Information

Doctors

Name: _____

Surgery: _____

Phone: _____

Details of Allergies / Medical Conditions:

Previous Schools / Nursery

Name: _____

Phone: _____

From: _____

To: _____

Reason for Leaving: _____

Other Information

Free School Meals (Pupil Premium): Are you entitled to claim for free school meals for your child **YES / NO**

If you would like to claim for free school meals, an application can be made on line at www.dorsetforyou.gov.uk

Special Needs: Does your child have any Special Educational Needs? **YES / NO**

If Yes, please state what need/s your child has:

Permissions

This section will cover your child for their entire school time at All Saints Primary School, unless informed otherwise.

I give permission for my child to be taken out on walks in the local community. This would include visits to the village church, garage, shop and post office.

YES / NO

I give permission for my child to be photographed or videoed to be used in school.

YES / NO

I give permission for my child to be photographed or videoed for use on the school website and school social media sites such as Facebook

YES / NO

I give permission for my child to be photographed for use in Newspapers

YES / NO

Signature: _____

Date: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that I must inform the school if any of the details provided change at any time in the future.

I understand that the details provided on this form will be available to the school office staff for appropriate record keeping purposes, the Headteacher and teaching staff who are involved with my child, Dorset County County and the Department of Education.

Signature: _____

Date: _____

Relationship
to Child _____

