



Admission date: _____ UPN: _____

No: _____ Class: _____ House: _____

Birth Certificate: _____ Records sent for: _____

Friskney All Saints Primary School

Pupil Details:

Legal Surname: _____ Preferred Surname: _____

First Name: _____ Known Name: _____

Middle Names: _____ Date of birth: _____ Male/Female

Address: _____

_____ Post code _____

Last School Attended (with dates) _____

Method of transport to school _____

Please provide the names of any siblings who attend this school _____

Parent 1

Title _____ First Name _____ Surname _____

Relationship to child _____ Date of birth _____ NI Number _____

Contact Numbers: Home _____ Mobile _____

Work _____ Email _____

Address if different from above _____

Parent 2

Title _____ First Name _____ Surname _____

Relationship to child _____ Date of birth _____ NI Number _____

Telephone numbers: Home _____ Mobile _____

Work _____ Email _____

Address if different from above _____

Other Phone Contacts in case of Illness/Accident (Please state relationship to child. E.G. Grand parent/Aunt/Brother/Neighbour/Friend)

Name _____ Relation _____ Number _____

Name _____ Relation _____ Number _____

The Department of Education requires Local Education Authorities to collect statistical data about pupils in its schools. It would be helpful, therefore, if you could complete the following. It should be remembered that parents are not obliged to give this information.

Ethnicity

White – British White – Other Asian – Indian Asian – Other Chinese
Any other ethnic group (Please specify) _____

Nationality _____ (Please specify)

Home Language

First language: _____ Language spoken at home: _____

Religion: _____ (e.g. Christian, Jewish, Muslim, Sikh, No Religion etc.)

Is either parent currently serving in the UK military? YES/NO

Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access etc.) _____

Medical Information

Doctor's name _____

Medical Practice and telephone number _____

Do you give permission for the school to call the doctor in an emergency? YES/NO

Do you give permission for the school to administer first aid in an emergency? YES/NO

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken. (e.g. Asthma, Epilepsy, Allergies etc.)

PARENTAL CONSENT FORM

To help us make your child comfortable and secure at school and get the maximum enjoyment from his or her learning, there are one or two points we should like you to consider. If you are happy with all of the activities mentioned, please sign below.

Internet use

The school has a secure Internet access network. I am happy for my child to use this facility, provided they are well supervised.

Walks and activities beyond the school grounds

I am happy for my child to participate in walks and activities which involve leaving the school environment to make observations and environmental studies. I understand that I will be informed if this involves any transportation.

Cooking and tasting activities

I am happy that my child is able to participate in these activities. I have noted, overleaf, any special medical conditions which are likely to affect my child's health.

I am happy for my child to participate in all of the activities mentioned above.

Signed _____ Date _____

Please note any special circumstances which may affect your child in any of the above mentioned activities.

Photographs

I give permission for my child to be photographed whilst taking part in school activities. YES/NO

I give permission for my child to be photographed for publication in newspapers and school website, I understand that their name will not be included. YES/NO

I would like Mrs Wood to contact me to discuss this issue further. YES/NO

Signed _____ Date _____